

# STD

## SEXUALLY TRANSMITTED DISEASES IN CALIFORNIA

### 2005

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STATE OF CALIFORNIA

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SEXUALLY TRANSMITTED DISEASES  
IN CALIFORNIA  
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## **Preface**

This report, *Sexually Transmitted Diseases in California, 2005*, includes current surveillance and prevalence monitoring disease data collected through 2005 for the following infectious diseases: chlamydia, gonorrhea, syphilis, chancroid, and associated clinical syndromes, including pelvic inflammatory disease and non-gonococcal urethritis.

*Sexually Transmitted Diseases in California* is an annual publication of the California Department of Health Services, Sexually Transmitted Disease (STD) Control Branch. All tables and figures in this edition supersede those in earlier publications of these data.

This report provides a comprehensive picture of STD trends and current morbidity in California. These data are compiled to guide policy and program development within the California STD Control Branch, local STD programs, and other public health agencies.

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## **Website**

This report will be available by Internet via the California Department of Health Services, STD Control Branch home page at <http://www.dhs.ca.gov/ps/dcdc/std/stdindex.htm>.

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## **INTRODUCTION**

### **OVERVIEW OF SEXUALLY TRANSMITTED DISEASES IN CALIFORNIA, 2005**

Rates of chlamydia, gonorrhea, and early syphilis all increased in California in 2005, compared to rates in 2004. In 2005, more than 130,000 cases of chlamydia were reported (130,290 cases, for a rate of 352.1 per 100,000 population); approximately 34,000 cases of gonorrhea were reported (34,259 cases, for a rate of 92.6 per 100,000 population); and nearly 1,600 cases of primary and secondary syphilis were reported (1,578 cases, for a rate of 4.3 per 100,000 population). These large numbers of reported cases made sexually transmitted diseases (STDs) by far the most commonly reported communicable diseases in California (and in the United States). Further, because STDs often are asymptomatic, the true burden of these diseases was many times greater than the number of reported cases.

These increases in chlamydia, gonorrhea, and syphilis in 2005 were generally seen in all age groups, in all race/ethnic groups, and in both males and females. Syphilis continued to increase among males, particularly among gay men and other men who have sex with men (MSM), many of whom were co-infected with human immunodeficiency virus (HIV). Syphilis also increased among females, and there was a slight increase in the rate of congenital syphilis from 11.6 per 100,000 live births in 2004 to 12.2 in 2005.

Many important patterns (e.g., geography, sex, age, race/ethnicity, time) in the distribution of STDs in California are described in detail in the following sections of disease-specific text, figures, and tables. Two key points that require emphasis emerge from these patterns: the extraordinarily high rates of STDs among African Americans/Blacks, and the high rates of chlamydia and gonorrhea among persons under 25 years of age, particularly females. For example, the gonorrhea rate in 2005 for African American/Black females was nearly 12 times higher than for non-Latina white females, and the rate for African American/Black males was nearly eight times higher than among non-Latino white males. In some age groups, these racial disparities were substantially greater.

Similar race/ethnic disparities have also been noted from prevalence monitoring in family planning and STD clinic populations. Although the precise reasons for these elevated African American/Black rates are not known, they undoubtedly are at least in part related to sexual network and mixing patterns, social and economic disruption, and the much higher prevalence of all STDs in African American/Black communities. Addressing these racial/ethnic STD disparities is of paramount concern and a critical challenge for STD programs.

Also of concern is the large number of STDs among young persons, a pattern observed in case-based reporting data, as well as in prevalence monitoring data from public and private sector sentinel sites. For example, in 2005, more than 64,000 cases of chlamydia in females 15 to 24 years of age were reported, representing almost 70 percent of all female cases. Also, as noted, these cases represented only a fraction of the true number of infections that occurred. This large burden of disease results in chlamydia and gonorrhea being the leading causes of preventable infertility in California, affecting all women, but particularly women who are just entering their reproductive years.

## DATA SOURCES

### Overview of the Data Sources by Sexually Transmitted Disease

DATA SOURCE	Sexually Transmitted Disease			
	Chlamydia	Gonorrhea	Syphilis	Other STDs
CASE-BASED SURVEILLANCE	X	X	X	X
ENHANCED CASE-BASED SURVEILLANCE			X	
PREVALENCE MONITORING				
Family Planning	X	X		
STD Clinics	X	X		
Managed Care	X	X		
Juvenile Halls	X	X		
GONOCOCCAL ISOLATE SURVEILLANCE PROJECT (GISP)		X		

The STD surveillance systems operated by state and local STD control programs are the sources of California data in this publication. **Case-based surveillance** is conducted for the following reportable STDs: chlamydia, gonorrhea, syphilis, pelvic inflammatory disease (PID), non-gonococcal urethritis (NGU), and chancroid. Case reports are submitted to local health jurisdictions in the form of laboratory reports and Confidential Morbidity Reports (CMRs). The local health jurisdictions then submit the data to the California Department of Health Services (CDHS). Submission of the data may be accomplished electronically in two ways. Most health jurisdictions either use the Automated Vital Statistics System (AVSS) communicable disease module, or enter case data into a non-AVSS database. A small number of health jurisdictions report case data through paper-based transactions (individual CMRs).

**Rates** by county and selected city health jurisdictions were calculated with the use of State of California, Department of Finance, *California County Population Estimates and Components of Change by Year, July 1, 2000–2005*, Sacramento, California, March 2006. Rates by age, race/ethnicity, and gender were calculated with the use of State of California, Department of Finance, *Race/Ethnic Population with Age and Sex Detail, 2000–2005*, Sacramento, California, May 2004. Since these reports present different population projections or estimates, total California rates may not be identical. In this report, data are presented by county and for the separate city health jurisdictions of Berkeley, Long Beach, and Pasadena. The data for these cities are displayed separately from their respective county totals and are included in the county totals.

The **race and ethnicity** information listed and the corresponding census categories are: African American/Black (Black, non-Hispanic); Hispanic/Latino (Hispanic ethnicity, regardless of race designation); White (white, non-Hispanic); Asian/Pacific Islander; Native American/Alaskan Native; and Not Specified (no race or ethnicity information was available). The substantial amount of missing race/ethnicity data from the laboratory

reports and CMRs limits the interpretation of race/ethnicity data from surveillance data. The majority of case reports originate from laboratories, a group which does not routinely collect data on race/ethnicity. Further, some managed care organizations and other health care service providers do not routinely record race/ethnicity of patients. The observed racial/ethnic disparities may reflect true differences in the infection rates, differential access to health care, and/or reporting practices of different types of providers that serve different populations.

Rates for **congenital syphilis** were calculated with the use of State of California, Department of Finance, Demographic Research Unit, *Historical and Projected Births by County, 2000–2014, with Births and Fertility Rates by Race/Ethnicity and Age of Mother*, Sacramento, California, September 2005; and State of California, Department of Health Services, Vital Statistics Section, *Live Births by Race/Ethnic Group of Mother, California Counties and Selected City Health Departments, California, 2004 (By Place of Residence)*.

**Prevalence monitoring** for chlamydia and gonorrhea is conducted primarily in family planning and STD clinics. Centers for Disease Control and Prevention (CDC) began funding prevalence monitoring projects in Region IX (California, Nevada, Arizona, Hawaii, and the six U.S. Pacific Trust Territories) in 1995. The chlamydia prevalence data for California comes from three project areas: San Francisco; Los Angeles; and the California Project Area (CPA), which includes the remaining health jurisdictions in California. In 2005, California collected chlamydia and gonorrhea testing data from 35 family planning clinics and 20 STD clinics.

Prevalence monitoring for chlamydia and gonorrhea is also conducted in managed care settings. Since 1999, Kaiser Permanente Northern California (KPNC) has participated in electronic transmissions of data to CDHS as part of the Public Health Improvement Project (PHIP). Through a data transmission protocol that removes patient identity, KPNC provided the chlamydia and gonorrhea testing data for all patients tested in 2005.

Prevalence monitoring data for juvenile hall facilities comes from the Chlamydia Screening Project (ClaSP), which provides chlamydia screening for adolescents at entry into juvenile detention facilities through partnerships between juvenile justice and local health department STD control programs. Data on chlamydia and gonorrhea testing comes from a standardized data collection form used in all participating sites.

California data from the national **Gonococcal Isolate Surveillance Project (GISP)** are presented as an indicator of antimicrobial resistance in a sample of *Neisseria gonorrhoeae* isolates. Every month, sentinel site STD clinics in Long Beach, Los Angeles (added in 2003), Orange, San Diego, and San Francisco health jurisdictions are asked to submit the first 25 gonococcal isolates from male urethral specimens. Because of decreasing rates of culture testing for gonorrhea, there may be fewer than 25 isolates per month in a given site. Thus, fewer specimens are actually submitted for antimicrobial resistance testing.

The source of **national STD data** presented is Centers for Disease Control and Prevention, *Sexually Transmitted Disease Surveillance, 2004*. Atlanta, Georgia: U.S. Department of Health and Human Services, September 2005. The source for chlamydia

prevalence monitoring is Centers for Disease Control and Prevention, *Sexually Transmitted Disease Surveillance 2004 Supplement, Chlamydia Prevalence Monitoring Project*. Atlanta, Georgia: U.S. Department of Health and Human Services, October 2005. The U.S. Year 2000 Goals are from *Healthy People 2000 Midcourse Review and 1995 Revisions*, pages 256-259. The U.S. Year 2010 Goals are from *Healthy People 2010*, Volume II (2<sup>nd</sup> edition), Focus Area 25 (Sexually Transmitted Diseases).

Readers should observe caution when interpreting rates based on few events and/or small populations. For more information, refer to *Guidelines for Statistical Analysis of Public Health Data with Attention to Small Numbers, Revised, July 2003*. This publication can be found at: <http://www.ucsf.edu/fhop/docs/pdf/prods/smallnumbers2003.pdf>.

For detailed local health jurisdiction data on chlamydia, gonorrhea, and primary and secondary syphilis, please refer to the California Local Health Jurisdiction STD Data Summaries found at: <http://www.dhs.ca.gov/ps/dcdc/STD/stddatasummaries.htm>.

Other California STD data, including slide sets of these surveillance data, can be found at: <http://www.dhs.ca.gov/ps/dcdc/STD/datatables.htm>.

## **CHLAMYDIA IN CALIFORNIA**

Surveillance for chlamydia in California includes both case-based surveillance and prevalence monitoring of chlamydia positivity in sentinel sites across health care settings and venues. This two-pronged approach to chlamydia surveillance recognizes that most chlamydia infections are asymptomatic and that case detection is dependent on screening levels.

Case-based surveillance enables monitoring of incident chlamydia infections across the state. However, access to testing may vary by demographic characteristics and local health jurisdiction. Furthermore, chlamydia incidence based on reported cases underestimates the true incidence, due to incomplete screening coverage of at-risk populations, under-reporting of infections by medical and laboratory providers, and presumptively treated infections that are not confirmed by testing.

Chlamydia prevalence monitoring allows assessment of chlamydia prevalence in health care settings with defined screening protocols, consistent collection of data, measurement of chlamydia and gonorrhea co-infection, and evaluation of the impact of targeted prevention efforts over time. Data from prevalence monitoring activities come from a convenience sample of selected venues serving diverse populations throughout the state.

### **Case-Based Chlamydia Surveillance — Overview**

In 2005, chlamydia was the most common reportable communicable disease in California, with 130,290 reported cases, for a rate of 352.1 per 100,000 population (Table 1). Chlamydia cases accounted for 75 percent of reported STD cases in the state.

### **Case-Based Chlamydia Surveillance — California versus United States**

California chlamydia morbidity accounted for approximately 13.2 percent of the reported chlamydia cases in the United States for 2004. Comparison of California and national rates during the period 1990 to 2004 indicated concurrent rises in chlamydia rates from 1995 to 1999. However, in 2000, chlamydia rates in California surpassed those for the United States, and California rates continued to exceed the national rates in 2004 (Figure 4). Increasing rates may be due in part to true increases in morbidity, but may also be due to expansion of screening programs across diverse health care settings and increased availability of more sensitive diagnostic tests that use nucleic acid amplification.

### **Case-Based Chlamydia Surveillance — Geographic Distribution**

The 2005 chlamydia data by local health jurisdiction indicated substantial differences across the state (Figure 5). The highest rates per 100,000 population were reported in the following local health jurisdictions: Fresno (545.2), Kern (509.1), Sacramento (500.8), Long Beach (483.7), San Francisco (477.7), and Tulare (454.6) (Table 2). On a regional basis, the Central Valley and southern regions, extending from Sacramento County to San Diego County, had the highest rates (greater than 300 per 100,000). Differences in chlamydia rates by local health jurisdictions may reflect true differences in chlamydia

morbidity, differential access to medical care and chlamydia testing, and patterns of reporting by providers.

In addition, chlamydia incidence is affected by the proportion of the population comprising the age groups with the highest chlamydia rates: adolescents and young adults. When 2005 case incidence was calculated for females in the 15- to 24-year-old age group, jurisdictions with the highest incidence per 100,000 included Kings (3,854.9), Sacramento (3,583.3), San Francisco (3,476.9), Fresno (3,470.7), Pasadena (3,454.9), Kern (3,337.7), and Long Beach (3,332.7) (Table 4).

When the 2005 chlamydia data were compared with 2004 data, increases in the numbers and rates of reported cases were evident for the majority of health jurisdictions (Table 2). Notably, there was a substantial increase in chlamydia rates (129 percent) in Pasadena (from 191.8 per 100,000 in 2004 to 439.4 in 2005). Amador and Lake also displayed rate increases greater than 70 percent; however, the case counts and rates for these jurisdictions were much lower than those for Pasadena. Among local health jurisdictions with higher case morbidity, Orange had a 68 percent increase in chlamydia rates from 171.3 per 100,000 in 2004 to 288.3 in 2005.

### **Case-Based Chlamydia Surveillance — Gender**

The 2005 data continue to demonstrate large differences by gender that likely reflect differential access to and utilization of chlamydia testing by females versus males. There may also be differential acquisition and transmission rates by gender that contributed to gender differences in case rates. From 1990 to 2005, chlamydia rates for females were consistently about three times higher than rates for males (Figure 6). In 2005, the female chlamydia rate was 505.7 per 100,000, compared with the male rate of 197.7 (Table 3).

Females have more opportunities than do males to access health care services, through routine Pap smear screening, family planning services, and other services related to reproductive health care. In addition, although the majority of chlamydia infections in males are asymptomatic, there are no guidelines for screening asymptomatic males. The expansion of urine-based screening, particularly in those health care settings where males receive care, may ultimately increase chlamydia case detection among males. Improvement in partner notification strategies to test and treat male contacts of female chlamydia cases may also further reduce the gender disparities in case rates.

### **Case-Based Chlamydia Surveillance — Age**

Case-based chlamydia surveillance data by age have consistently shown the highest rates to be among adolescents and young adults. Prior to 2000, the highest rates were among females in the 15- to 19-year-old age group; however, the 2000–2005 data consistently showed the highest rates to be among females in the 20- to 24-year-old age group (2,703.9 per 100,000 in 2005) (Figure 7, Table 3). Although male rates were lower, the age trends were similar to those for females, with the highest rates also among the 20- to 24-year-old age group (878.6) (Table 3).

Consistent annual increases in the chlamydia rates for adolescent and young adult groups have been seen since 1990 and may reflect increases in screening for these

higher-risk groups in accordance with CDC and other national screening guidelines.<sup>1</sup> The high chlamydia rates seen in these younger age groups underscore the need for continued screening based on age. Increased access to and utilization of health care services may enable higher screening rates in these age groups. The greater acceptance of non-invasive, urine-based screening may also facilitate significant expansion of screening to non-traditional test settings, thereby improving rates of case findings.

### **Case-Based Chlamydia Surveillance — Race/Ethnicity**

Consistent with patterns seen since 1990, the 2005 data indicated that African American/Black chlamydia rates (780.8 per 100,000) were higher than rates for Latinos (337.1), Native Americans/Alaskan Natives (143.1), Asians/Pacific Islanders (124.0), and non-Latino whites (112.5) (Figure 8, Table 3). All race/ethnicity groups had increases in chlamydia rates in 2005, as compared with 2004 rates. Observed racial/ethnic disparities may be due to differential access to health care, patterns of sexual behavior, prevalence of infection in core transmission groups, and reporting practices of different types of providers.

See the race/ethnicity portion of the Data Sources section of this document for limitations on collection of race/ethnicity data.

### **Chlamydia Prevalence Monitoring**

Chlamydia prevalence monitoring is based on chlamydia testing data from a variety of health care settings that perform chlamydia screening. These settings include STD clinics, family planning clinics, managed care plans, and juvenile halls, and cover a diverse range of populations at risk for chlamydia infection. Test positivity at each site was calculated by dividing the total number of positive tests for chlamydia (numerator) by the total number of chlamydia tests (denominator), and is expressed as a percentage. Crude positivity may include multiple tests per person. Thus, test positivity can be considered an estimate of the true prevalence of chlamydia.<sup>2</sup>

Overall, in 2005 among females aged 15 to 19 years, chlamydia positivity was highest among those attending STD clinics (25.0 percent), followed by those tested in juvenile halls (14.3 percent). Females attending managed care organizations, family planning clinics, college sites, teen clinics, and school-based sites had substantially lower positivity (Figure 9, Table 5).

The 2005 data indicated that a large proportion of chlamydia-infected patients in these screening settings were asymptomatic: 75.9 percent of females in family planning clinics, 48.7 percent of females in STD clinics, and 63.4 percent of males in STD clinics (Table 6).

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<sup>1</sup> Centers for Disease Control and Prevention. Sexually transmitted diseases treatment guidelines 2002. *MMWR* 2002; 51 (No. RR-6): [32].

<sup>2</sup> Dicker LW, Mosure DJ, Levine WC. Chlamydia positivity versus prevalence: what's the difference? *Sex Transm Dis* 1998; 25: 251-3.

## Chlamydia Prevalence Monitoring — Family Planning Clinics

In 2000, the *Healthy People 2010* chlamydia prevalence goal objective was revised to be no more than three percent for females 15 to 24 years of age, attending family planning clinics.<sup>3</sup> Chlamydia positivity in females aged 15 to 24 years in family planning sites decreased from 6.3 percent in 2004 to 6.0 percent in 2005, but still remains more than twice the 2010 objective (Figure 10, Table 7).

Analysis of the 2005 family planning prevalence monitoring data by gender showed substantial differences, with males having a higher positivity (9.4 percent) than females (4.4 percent) (Table 7). These differences were evident across age groups and racial/ethnic groups, and probably reflect the utilization of family planning services by symptomatic males or males who were identified as contacts to family planning female chlamydia cases. The positivity in symptomatic groups is typically much higher than among the asymptomatic groups and is not representative of chlamydia prevalence among males in general.

Analysis of chlamydia positivity data by racial/ethnic group in family planning settings demonstrated similar, although less striking, racial/ethnic disparities, compared to those seen in the case-based data: African Americans/Blacks had positivity approximately two-fold higher than that for non-Latino whites (Table 7). These disparities between racial/ethnic groups were particularly striking in the adolescent and young adult age groups.

## Chlamydia Prevalence Monitoring — STD Clinics

The *Healthy People 2010* objective targets the reduction of the prevalence of chlamydia infections to no higher than three percent for both females and males 15 to 24 years of age, attending STD clinics.<sup>3</sup> In 2005, although the female and male chlamydia positivity levels for this age group were lower when compared to positivity in 2004, they were almost four times the objective, at 11.4 percent and 10.0 percent, respectively (Figures 11-12, Table 8). The highest age-specific positivity in 2005 was in the adolescent age group (15 to 19 years of age): 25.0 percent among females and 20.8 percent among males (Table 8).

Racial/ethnic differences in chlamydia positivity were also apparent in STD clients, in that non-white groups had chlamydia positivity approximately double that for non-Latino whites. These disparities were particularly striking in the adolescent and young adult age groups. Note that 15 percent of the tests performed were of “Other/Mixed/Unknown” race/ethnicity, and that the positivity in this group was relatively high, at 10.9 percent (Table 8).

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<sup>3</sup> U.S. Department of Health and Human Services. *Healthy People 2010*, Volume II (2<sup>nd</sup> edition). Washington, DC: U.S. Government Printing Office, 2000.

### **Chlamydia Prevalence Monitoring — Juvenile Hall Facilities**

Chlamydia positivity in juvenile halls tends to be high, similar to that found in STD clinics. Chlamydia screening of these populations is an important control strategy for the community as a whole.

In 2005, the positivity among females (13.9 percent) was higher than among males (5.2 percent), a pattern that has been consistent since 1996 (Figure 13, Table 9). Focusing only on those detainees under the age of 20 years, the age trends among juvenile detainee cases indicated the highest positivity to be among the 15- to 16-year-old age group (14.5 percent), followed closely by the 17- to 19-year-olds (14.0 percent) for females, and the 17- to 19-year-old age group (6.9 percent) for males. Racial/ethnic disparities were also apparent to some degree in the positivity data for this population: African Americans/Blacks had higher positivity (12.2 percent) than did non-Latino whites (5.6 percent) (Table 9).

### **Chlamydia Prevalence Monitoring — Managed Care**

While the overall positivity in 2005 for female patients tested in 55 KPNC facilities was relatively low (2.4 percent), age-specific chlamydia positivity demonstrated patterns similar to those seen in case-based surveillance, in that the prevalence was highest among the younger age groups (Figure 14, Table 10). Chlamydia positivity was highest among females aged 15 to 19 years (4.5 percent); and lower among the 20- to 24-year-old age group, at 2.7 percent. Females 25 years of age and older had significantly lower positivity, at less than two percent. These overall and age-specific levels of chlamydia positivity have been relatively similar to those from previous years, despite increased levels of screening across most facilities. More than three-fourths of the female cases for KPNC were in the younger age groups, i.e., younger than 25 years of age.

Chlamydia testing among males in KPNC constituted approximately fourteen percent of total testing and probably represents diagnostic testing of symptomatic males. Consequently, the higher overall levels seen in males (5.4 percent) versus females (2.4 percent) were not representative of screening of asymptomatic males (Table 10).

## GONORRHEA IN CALIFORNIA

Surveillance for gonorrhea in California comprises case-based surveillance and prevalence monitoring in sentinel sites located in various clinic settings (e.g., family planning, STD, managed care) and non-clinical settings (e.g., juvenile halls, mobile clinics). See the Data Sources section for detailed information about the collection of these data. While case-based reporting enables monitoring of incident gonorrhea infections, it is influenced by screening of at-risk populations, which may vary by geography and health care setting. Many gonorrhea infections, especially in females, are asymptomatic and detectable only through screening. Untreated gonococcal infection is associated with adverse reproductive health consequences in both females and males. In addition, infections in pregnant females can lead to serious perinatal complications. Prevalence monitoring in sentinel sites is a strategy complementary to case-based surveillance; it enables monitoring of gonorrhea prevalence in specific health care settings, with defined prevention and control strategies to evaluate the impact of prevention efforts. Monitoring for antimicrobial resistance is conducted in California as part of GISP.

### Case-Based Gonorrhea Surveillance — Overview

Gonorrhea is currently the second most common reportable communicable disease in California. In 2005, California received a total of 34,259 reports of gonorrhea cases, for an incidence of 92.6 per 100,000 population (Table 1).

Because of incomplete screening of at-risk populations, under-reporting of infections by medical and laboratory providers, and presumptively treated infections that are not laboratory-confirmed, the case-based incidence underestimates the true incidence.

### Case-Based Gonorrhea Surveillance — California versus United States

Incidence rates for gonorrhea declined significantly between 1985 and 1999 in both California and the United States (Figure 16). However, in California, gonorrhea rates increased between 1999 and 2005. The California gonorrhea rate of 92.6 in 2005 is nearly five times higher than the *Healthy People 2010* target objective of fewer than 19 cases per 100,000.<sup>4</sup> In 2004, California gonorrhea morbidity accounted for approximately nine percent of all gonorrhea cases reported in the United States.

### Case-Based Gonorrhea Surveillance — Geographic Distribution

Within California, 82 percent (50/61) of health jurisdictions had a gonorrhea incidence above the *Healthy People 2010* goal of fewer than 19 cases per 100,000 population.<sup>4</sup> The highest rates per 100,000 population were reported in the following health jurisdictions: San Francisco (309.9), Sacramento (163.7), Kern (159.0), Fresno (145.7), Alameda (141.8), and Berkeley (140.9) (Figure 17, Table 11). Among these six health jurisdictions, the most pronounced rate increase since 2004 was in Kern, with a

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<sup>4</sup> U.S. Department of Health and Human Services. *Healthy People 2010*, Volume II (2<sup>nd</sup> edition). Washington, DC: U.S. Government Printing Office, 2000.

24.2 percent increase; while Fresno experienced the lowest rate increase, at 11.6 percent (Table 11).

The health jurisdictions with no gonorrhea cases reported in 2005 were Alpine and Trinity. Differences in gonorrhea rates among local health jurisdictions may reflect true differences in the infection rates, differential access to medical care, screening practices, and reporting by providers.

When case incidence is calculated for females 15 to 24 years old, jurisdictions with the highest incidence of gonorrhea include Sacramento (803.4), Alameda (782.7), Kern (702.0), San Francisco (658.6), and Fresno (560.4) (Table 13).

### **Case-Based Gonorrhea Surveillance — Gender**

From 1991 to 1999, gonorrhea incidence declined substantially among both males and females, but has increased each year from 2000 through 2005 (Figure 18). In 2005, among males the incidence of gonorrhea was 99.5 per 100,000 population, and among females the incidence was 85.6 per 100,000 population (Table 12). Of note, there was a sharp increase in the male incidence of gonorrhea in 2000 and again in 2004, with a slightly less steep increase in 2005 (Figure 18). The gender disparity decreased substantially between 1990 and 1996, then increased slightly in 2000, and has remained relatively stable since then. Currently, gonorrhea cases among females represent 46.1 percent of total cases in California.

### **Case-Based Gonorrhea Surveillance — Age**

In 2005, gonorrhea incidence was highest among females in the 20- to 24-year-old age group (400.7 per 100,000), followed by the 15- to 19-year-old age group (375.6) (Figure 20, Table 12). Cases among females in the 15- to 24-year-old age group made up 64.0 percent of total female cases. The peak age group among males was 20 to 24 years old (319.4) (Figure 19, Table 12).

### **Case-Based Gonorrhea Surveillance — Race/Ethnicity**

Consistent with a pattern seen since 1990, the 2005 data indicate that the gonorrhea incidence among African Americans/Blacks was more than nine times higher than that among non-Latino whites (Figures 3, 21-22). In 2005, African Americans/Blacks had gonorrhea rates that were substantially higher (356.6 per 100,000) than rates for Latinos (55.1), Native Americans/Alaskan Natives (45.1), non-Latino whites (38.2), and Asians/Pacific Islanders (19.1) (Table 12).

See the race/ethnicity portion of the Data Sources section of this document for limitations on collection of race/ethnicity data.

## **Gonorrhea Prevalence Monitoring**

Gonorrhea prevalence monitoring is based on gonorrhea testing data from a variety of health care settings that perform gonorrhea screening. See the Chlamydia Prevalence Monitoring section for a description of the collection of these data.

### **Gonorrhea Prevalence Monitoring — Family Planning Clinics**

Based on 2005 data from participating family planning clinics, the overall gonorrhea positivity among females seeking family planning services was 0.9 percent (Figure 23, Table 14). Gonorrhea positivity was higher among females younger than 20 years of age (1.2 percent) than among females 20 years of age and older (0.8 percent) (Figure 24, Table 17).

In family planning settings, the proportion of gonorrhea cases among females who were co-infected with chlamydia was 35.1 percent (Table 15). According to CDC, routine dual therapy without testing for chlamydia can be cost-effective for populations in which chlamydial infection accompanies 10 to 30 percent of gonococcal infection.<sup>5</sup> The high level of co-infection in family planning settings clearly indicates the need to continue to co-treat cases of gonorrhea to cover chlamydial infection.

### **Gonorrhea Prevalence Monitoring — STD Clinics**

Based on 2005 data from STD clinics, the overall gonorrhea positivity among females seeking care at STD clinics was 4.0 percent (Figures 23, 25, Table 14). Positivity was higher among females younger than 20 years of age (8.1 percent) than among females 20 years of age and older (3.3 percent) (Table 17). In 2005, the overall gonorrhea positivity among males attending STD clinics was 7.2 percent (Figures 23, 25, Table 17). Gonorrhea positivity for both females and males seeking care at STD clinics is high, relative to that for other health care settings, because these patients are more likely to have genitourinary symptoms and/or high-risk behaviors.

In STD clinic settings, the proportion of gonorrhea cases who were co-infected with chlamydia was 35.9 percent among female cases and 24.3 percent among male cases (Tables 15-16).

### **Gonorrhea Prevalence Monitoring — Juvenile Hall Facilities**

In 2005, the gonorrhea positivity among females in juvenile hall facilities was 5.0 percent, whereas, among males in juvenile hall facilities, gonorrhea positivity was 0.8 percent (Figures 23, 26, Table 14).

In juvenile hall settings, the proportion of gonorrhea cases who were co-infected with chlamydia was 49.5 percent among female cases and 49.7 percent among male cases

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<sup>5</sup> Centers for Disease Control and Prevention. Sexually transmitted diseases treatment guidelines 2002. MMWR 2002; 51 (No. RR-6).

(Tables 15-16). This high level of co-infection reinforces the need to co-treat cases of gonorrhea for chlamydial infection in this setting.

### **Gonorrhea Prevalence Monitoring — Managed Care**

Based on KPNC data from 55 facilities, overall gonorrhea positivity among females was 0.4 percent (Figure 23, Table 14). Among females aged 15 to 19 years, the gonorrhea positivity was 0.8 percent (Figure 27, Table 17). Although the positivity among females under 15 years of age was high, this group is not regularly screened and may represent a more selectively tested or symptomatic population.

The overall gonorrhea positivity among males was 2.9 percent (Figure 27). Since there are no established screening guidelines for asymptomatic males in this setting, testing in males constituted only 14 percent of overall gonorrhea testing volume. This level of positivity is substantially higher than for females because it includes many symptomatic males specifically seeking testing and/or care for these symptoms.

### **Gonococcal Isolate Surveillance Project (GISP)**

Gonococcal isolates from male urethral specimens are monitored in California for antimicrobial resistance as part of GISP. Of the 1,005 isolates analyzed in 2005, 25.4 percent (255) were resistant to ciprofloxacin (minimum inhibitory concentration (MIC)  $\geq 1.0$   $\mu\text{g/ml}$ ), and an additional 1.3 percent (13) had decreased susceptibility to ciprofloxacin (MIC 0.125 – 0.50  $\mu\text{g/ml}$ ) (Figure 29, Tables 18-19). No specimens exhibited decreased susceptibility or resistance to cefixime or ceftriaxone (Table 18). Although isolates are also tested for resistance to penicillin and tetracycline, these data are not presented here, as these antibiotics are not clinically relevant.

Since 1998, the percent of ciprofloxacin resistance has increased from 0.2 percent to 25.4 percent (Figure 29, Table 19), with the largest increases occurring since 2001. Due to this rise in the number of fluoroquinolone-resistant gonorrhea cases, fluoroquinolones are no longer first-line agents for treating gonorrhea in California. In 2002, the recommended antibiotic treatment for gonorrhea in California was changed to include only cefixime and ceftriaxone.<sup>6</sup>

Isolates obtained from MSM constituted an increasing proportion of total isolates at each of the four continuously monitored sites from 1990 through 2003, but decreased in two of these sites and in Los Angeles between 2003 and 2005 (Figure 28).

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<sup>6</sup> California STD Treatment Guidelines for Adults and Adolescents 2004; available at: <http://www.dhs.ca.gov/ps/dcdc/STD/docs/CA%20Tx%20Guide%20Jan%202005.pdf>.

## SYPHILIS IN CALIFORNIA

California continued to experience increases in primary and secondary (P&S) syphilis cases in 2005, with 1,578 cases reported (Table 1). This is the sixth consecutive year of increases in reported P&S cases since a low of 290 cases in 1999. These increases were due primarily to outbreaks throughout the state (Figure 32). These outbreaks are of particular concern, due to the high percentage of HIV co-infection among P&S cases (Figure 33).

As part of California's syphilis control efforts, an enhanced case-based surveillance system was established in 1999, allowing for the systematic collection of behavioral and clinical measures associated with syphilis. For further information regarding the epidemiology of syphilis in California, please reference the syphilis reports on the STD Control Branch website at <http://www.dhs.ca.gov/ps/dcdc/STD/mgreports.htm>.

### Case-Based Syphilis Surveillance — Overview

In California, reactive serologic tests for syphilis (STS) and positive darkfield microscopy results are reported to local health jurisdictions by medical providers and laboratories. Cases with symptoms of early syphilis are also reported to local health jurisdictions, through CMRs submitted by providers. Local and state field staff investigate all males and females likely to have infectious syphilis, based on STS titer, age, and past history. Epidemiologic and case management information is then collected on standardized forms after cases are interviewed. Additional information on data sources can be found at the beginning of this report. Syphilis cases are staged in accordance with CDC standard case definitions.<sup>7</sup>

P&S and early latent stages of syphilis are considered infectious, with primary and, to a lesser degree, secondary, infections having the highest likelihood of transmission. Because of this higher likelihood of transmission, greater epidemiologic relevance, and the potential for misclassification of early latent syphilis (e.g., unrecognized primary lesions or secondary symptoms), this report focuses primarily on P&S syphilis.

### Case-Based Syphilis Surveillance — California versus United States

In 2005, 1,578 cases of P&S syphilis (4.3 per 100,000 population) were reported in California, placing the state rate above the national average rate of 2.7 for 2004 (2005 data not available) (Table 1). In 2004, California accounted for 17.0 percent of all P&S cases in the United States, compared to 17.9 percent in 2003, 15.2 percent in 2002, 8.9 percent in 2001, and 5.5 percent in 2000 (Figure 35). The California P&S syphilis incidence rate in 2005 was more than 21 times the *Healthy People 2010* objective of fewer than 0.2 cases per 100,000.<sup>8</sup>

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<sup>7</sup> Centers for Disease Control and Prevention. Case definitions for infectious conditions under public health surveillance. MMWR 1997; 46 (No. RR-10).

<sup>8</sup> U.S. Department of Health and Human Services. *Healthy People 2010*, Volume II (2<sup>nd</sup> edition). Washington, D.C.: U.S. Government Printing Office, 2000.

### **Case-Based Syphilis Surveillance — Geographic Distribution**

The distribution of P&S syphilis varies throughout California (Figure 36). In 2005, 24 of the 61 (39 percent) health jurisdictions reported more than two P&S syphilis cases (Table 20), compared to 22 health jurisdictions in 2004. Forty-eight percent of health jurisdictions did not report any P&S syphilis cases for 2005, while more than three-fourths of the total P&S syphilis morbidity in California was reported from four health jurisdictions: Los Angeles (40.4 percent), San Francisco (15.7 percent), San Diego (12.3 percent), and Riverside (6.6 percent).

### **Case-Based Syphilis Surveillance — Gender**

Although the male P&S syphilis rate decreased from 10.1 per 100,000 population in 1991 to 1.2 in 1998, it has since increased to 7.9 in 2005 (Figure 37, Table 21). This was the seventh consecutive year of increases among males. Female rates decreased from 11.7 in 1990 to a low of 0.2 in 2002, but have since increased to 0.6 in 2005. This is the third consecutive year of increases among females. The P&S male-to-female rate ratio more than doubled in consecutive years, ranging from 5.3:1 in 2000, to 14:1 in 2001, and to 28.5:1 in 2002; however, this ratio decreased to 23.3:1 in 2003, increased to 24:1 in 2004, and decreased again in 2005 to 13.2:1.

### **Case-Based Syphilis Surveillance — Age**

In 2005, the highest P&S syphilis rates for males were among those aged 35 to 44 years, while the highest rates for females were among those aged 25 to 29 years (Figures 2, 38-39, Table 21). More than 63 percent of male P&S syphilis cases, compared to 39 percent of female cases, were 35 years of age or older. The percent of male P&S cases aged 35 years or older has remained steady since 2003, while the percent of female P&S cases in the same age group has increased from 24 percent in 2003 and 35 percent in 2004.

### **Case-Based Syphilis Surveillance — Race/Ethnicity**

Overall, male P&S syphilis rates were highest among African Americans/Blacks in 2005 (13.1 per 100,000 population), followed by non-Latino whites (9.7), and Latinos (6.2). Rates for African American/Black males, non-Latino white males, and Latino males all increased from 2004 (Figures 3, 40, Table 21). Rates for African American/Black males were the highest since 1995, while rates for non-Latino white males were the highest since 1990 (Figure 40). Rates for Asian/Pacific Islander males (3.3) decreased from 3.7 in 2004, but there has been an overall increase since the reported Asian/Pacific Islander low of 0.2 in 1997.

African American/Black female rates increased for the second consecutive year, resulting in the highest rates since 1998. Rates for both Latina and non-Latina white females also increased from 2004 to 2005 (Figure 41, Table 21).

## Case-Based Syphilis Surveillance — Venues

As part of the enhanced surveillance system implemented in 1999, data on venues where cases report meeting sex partners are collected. Four venues commonly reported by MSM P&S syphilis cases were bars/clubs, the Internet, bathhouses, and sex clubs. In California, bathhouses were distinguished from sex clubs by the presence of private rooms with doors. In 2005, 33.1 percent of California's interviewed MSM P&S cases reported using the Internet to meet sex partners (Figure 34). Despite the slight decrease from 36.9 percent in 2004, the Internet remains the most commonly reported venue since 2003. Additional venue data is available in the syphilis quarterly reports at: <http://www.dhs.ca.gov/ps/dcdc/STD/mqreports.htm>, as well as in the syphilis weekly updates (please obtain the website and log-in password through your local STD Controller).

## Congenital Syphilis Surveillance

Trends in congenital syphilis morbidity follow those of adult female P&S syphilis morbidity (Figure 44). As P&S syphilis rates declined in California during the early 1990s, congenital syphilis rates similarly declined. The rate of congenital syphilis in California was 113.5 per 100,000 live births in 1990, and declined dramatically to 9.3 in 2002, but increased slightly to 12.8 in 2003, 11.6 in 2004, and 12.2 in 2005 (Figure 44, Table 1). California's incidence rate in 2005 was 12 times the *Healthy People 2010* objective of fewer than one case per 100,000 live births.<sup>9</sup>

Racial/ethnic trends in congenital syphilis mirror those of adult P&S syphilis. Infants of African American/Black and Latina females are disproportionately affected by congenital syphilis, with the rate for African Americans/Blacks (45.0 per 100,000 live births) being nine times that of non-Latina whites (5.0). The rate for Latinas (13.0) was more than double that of non-Latina whites (Figures 45-46, Table 26). The rate among Asians/Pacific Islanders increased from 3.1 in 2004 to 12.3 in 2005, nearly equaling that of Latinas.

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<sup>9</sup> U.S. Department of Health and Human Services. *Healthy People 2010*, Volume II (2<sup>nd</sup> edition). Washington, D.C.: U.S. Government Printing Office, 2000.

## **OTHER SEXUALLY TRANSMITTED DISEASES IN CALIFORNIA**

### **Case-Based Surveillance for Other STDs**

State surveillance for PID, NGU, and chancroid in California consists of case-based surveillance. See the Data Sources section for a description of the data collection system.

### **Case-Based PID Surveillance**

In 2005, 1,324 cases of PID were reported, for an incidence of 7.2 per 100,000 females (Table 27). Gonorrhea, chlamydia, and numerous anaerobic bacterial species can cause PID. The diagnosis often is based on clinical findings; these findings may or may not be confirmed through laboratory testing. Thus, case-based surveillance is likely to substantially underestimate the actual incidence of PID.

### **Case-Based NGU Surveillance**

In 2005, 3,259 cases of NGU were reported, for an incidence of 17.7 per 100,000 males (Table 28). NGU can be caused by chlamydia and other sexually transmitted bacteria and protozoa. The diagnosis of NGU is generally based on clinical findings, along with point-of-care confirmation of urethral inflammation (e.g., urine leukocyte esterase and/or microscopy). These findings may or may not be confirmed through laboratory testing. Thus, case-based surveillance is unreliable and likely underestimates the true incidence of disease.

### **Case-Based Chancroid Surveillance**

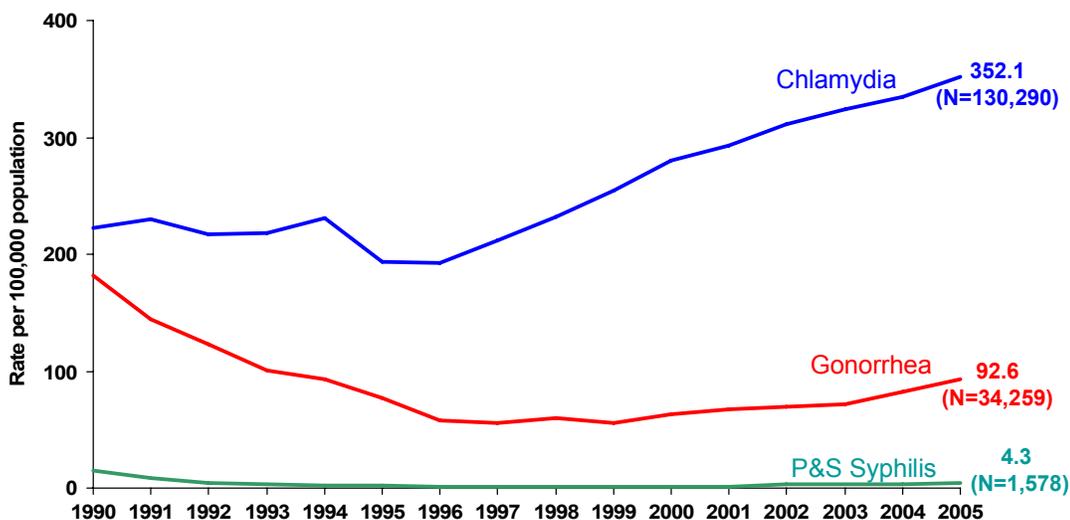
In California, chancroid is a rare cause of genital ulcer disease, with few cases of chancroid reported over the past five years. In 2005, one case of chancroid was reported (Table 29).



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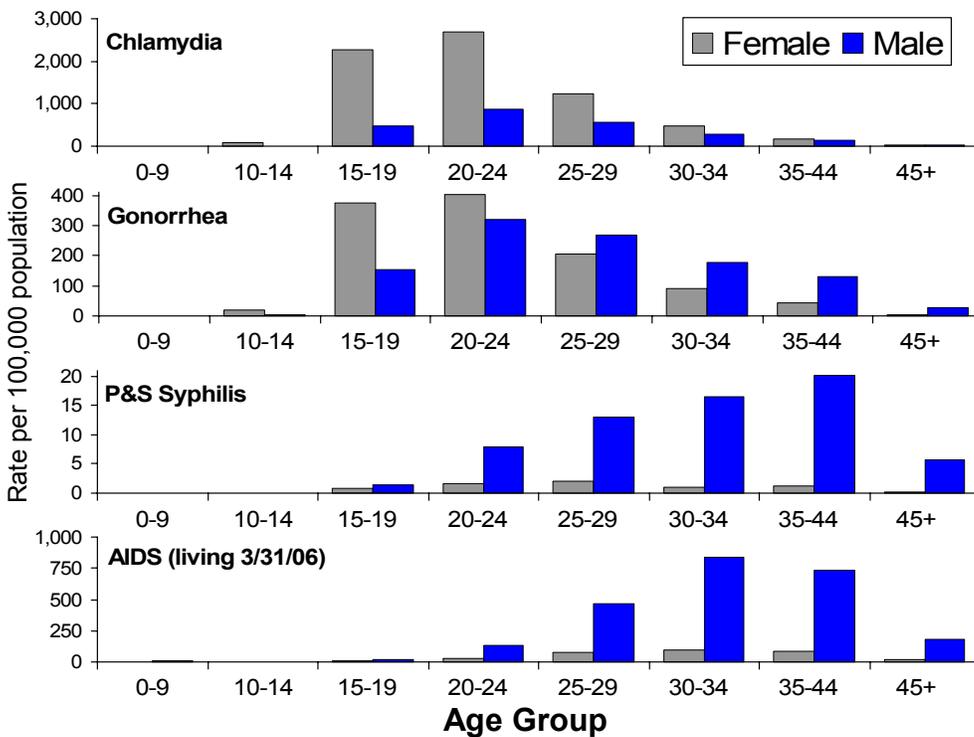


Figure 1. Chlamydia, Gonorrhea, and Primary and Secondary (P&S) Syphilis, California Rates, 1990–2005



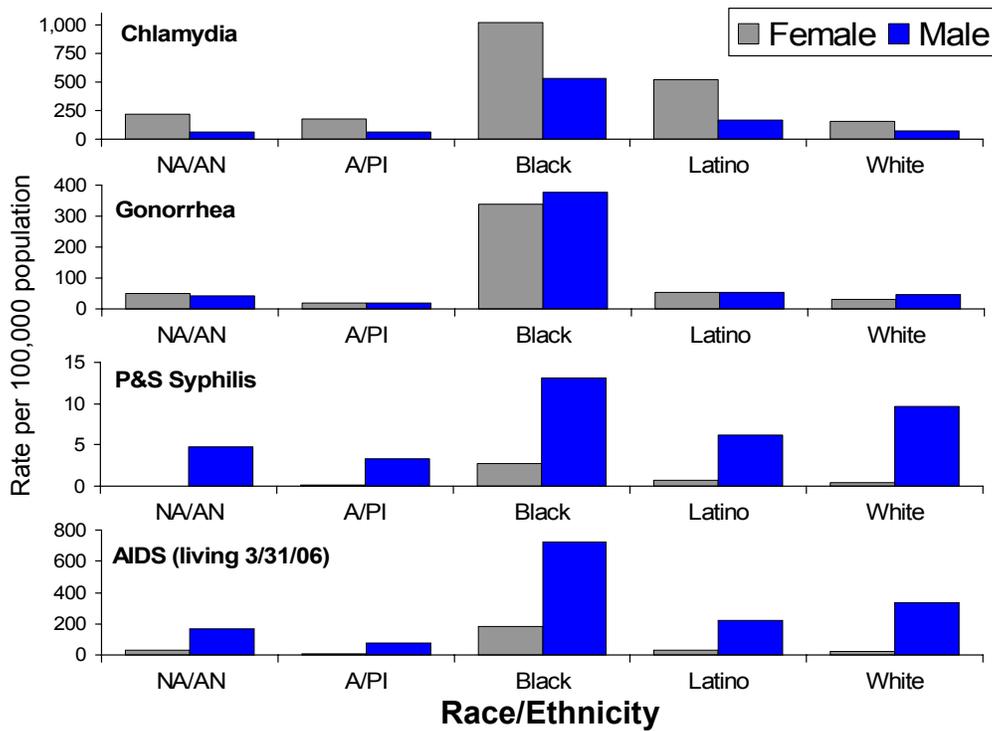
Source: California Department of Health Services, STD Control Branch

Figure 2. Rates of Chlamydia, Gonorrhea, Primary and Secondary (P&S) Syphilis, and AIDS, by Age Group and Gender, California, 2005



Source: California Department of Health Services, STD Control Branch  
California Department of Health Services, Office of AIDS

Figure 3. Rates of Chlamydia, Gonorrhea, Primary and Secondary (P&S) Syphilis, and AIDS, by Race/Ethnicity and Gender, California, 2005

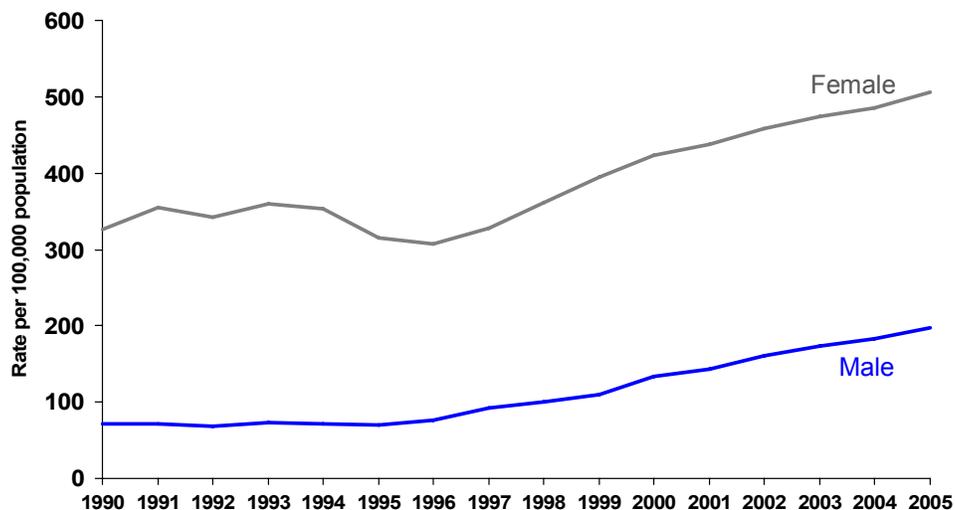


Note: NA/AN = Native American/Alaskan Native; A/PI = Asian/Pacific Islander.

Source: California Department of Health Services, STD Control Branch  
California Department of Health Services, Office of AIDS

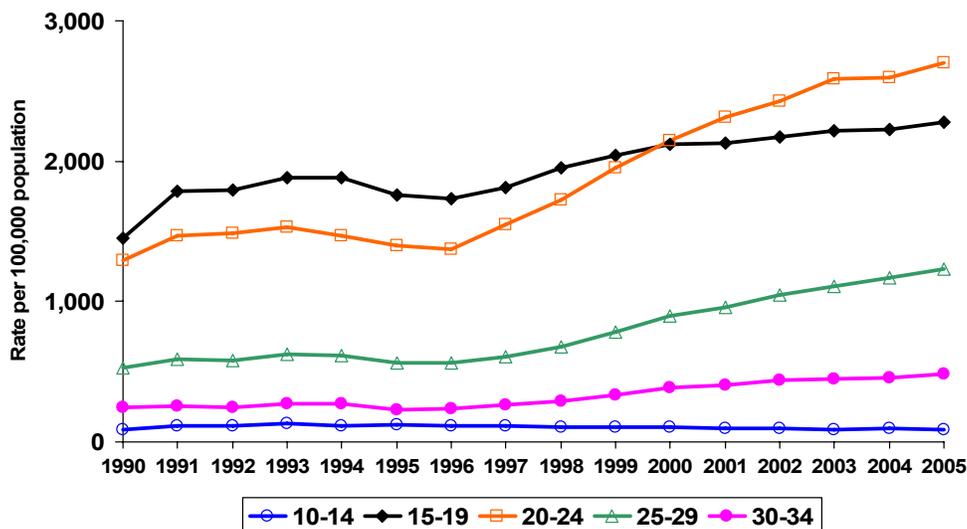


Figure 6. Chlamydia, Rates by Gender, California, 1990–2005



Source: California Department of Health Services, STD Control Branch

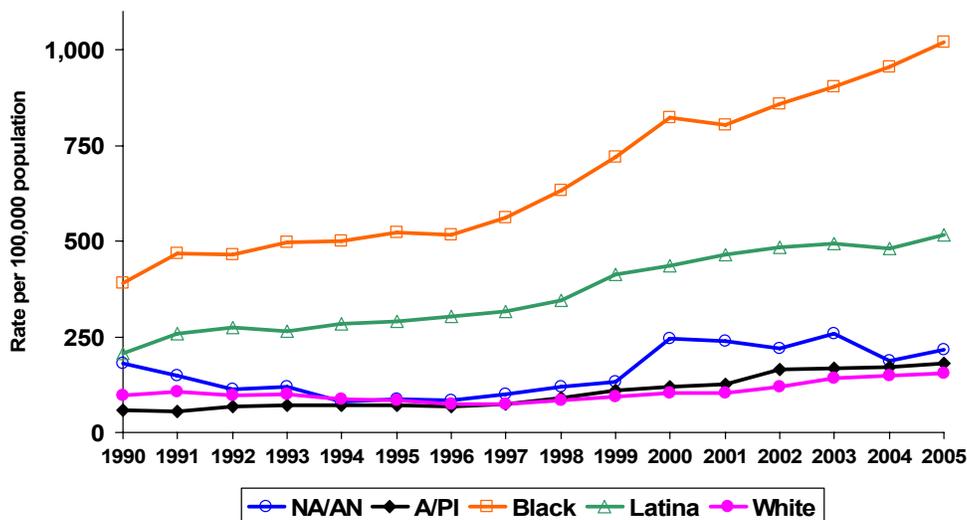
Figure 7. Chlamydia, Rates for Females by Age Group, California, 1990–2005



Note: Age "Not Specified" ranged from 0.5% to 8.3% of cases for females in any given year.

Source: California Department of Health Services, STD Control Branch

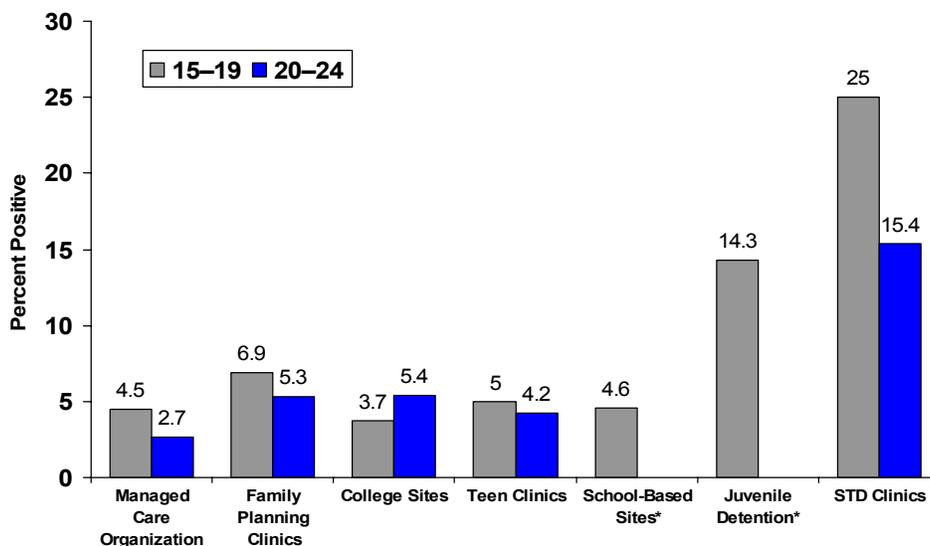
Figure 8. Chlamydia, Rates for Females by Race/Ethnicity, California, 1990–2005



Note: NA/AN = Native American/Alaskan Native; A/PI = Asian/Pacific Islander.  
Race/ethnicity "Not Specified" ranged from 32.6% to 56.3% of cases for females in any given year.

Source: California Department of Health Services, STD Control Branch

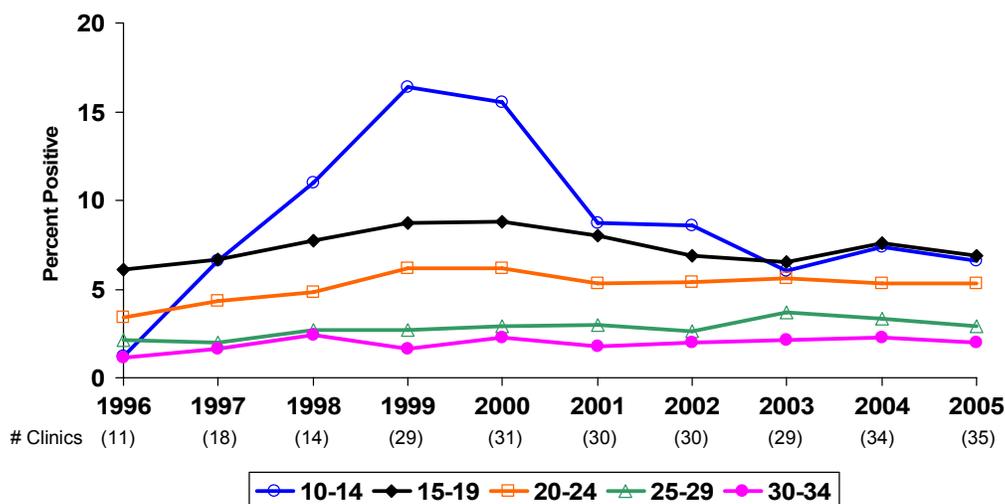
Figure 9. Chlamydia Prevalence Monitoring, Percent Positive for Females Ages 15–19 Years and 20–24 Years, by Health Care Setting, California, 2005



\* These two venues target adolescents primarily.

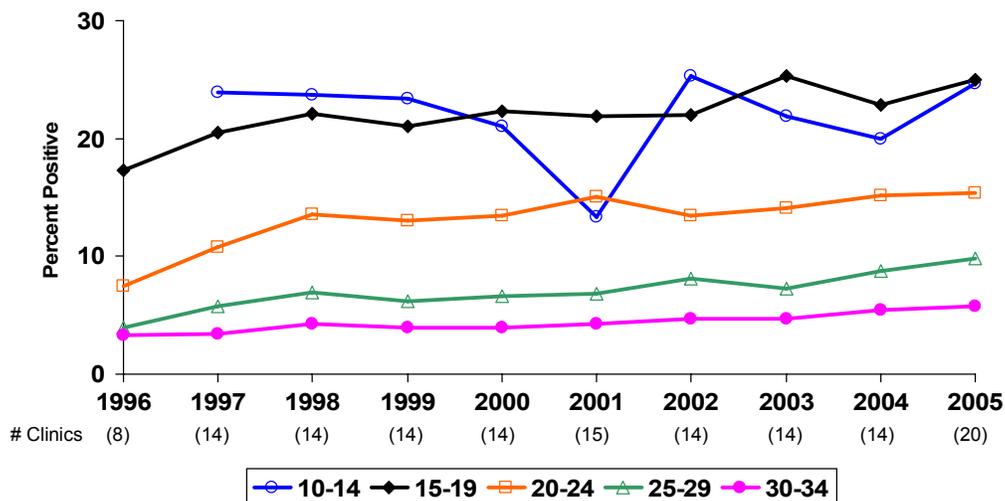
Source: California Department of Health Services, STD Control Branch; Los Angeles Infertility Prevention Project; and San Francisco Infertility Prevention Project

Figure 10. Chlamydia Prevalence Monitoring, Percent Positive for Females at Family Planning Clinics, by Age Group, 1996–2005



Source: California Department of Health Services, STD Control Branch; Los Angeles Infertility Prevention Project; and San Francisco Infertility Prevention Project

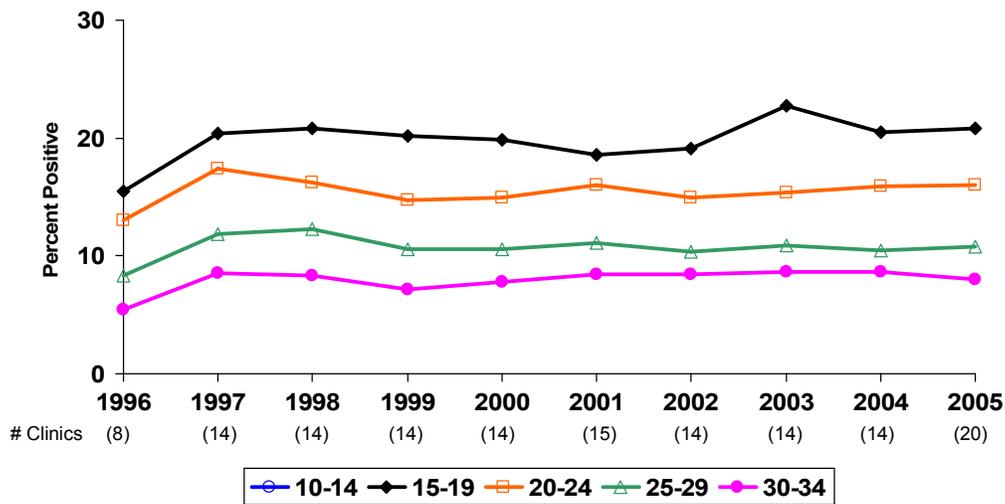
Figure 11. Chlamydia Prevalence Monitoring, Percent Positive for Females at STD Clinics, by Age Group, 1996–2005



Note: Age group 10-14 not graphed in 1996, due to fewer than 50 tests.

Source: California Department of Health Services, STD Control Branch; Los Angeles Infertility Prevention Project; and San Francisco Infertility Prevention Project

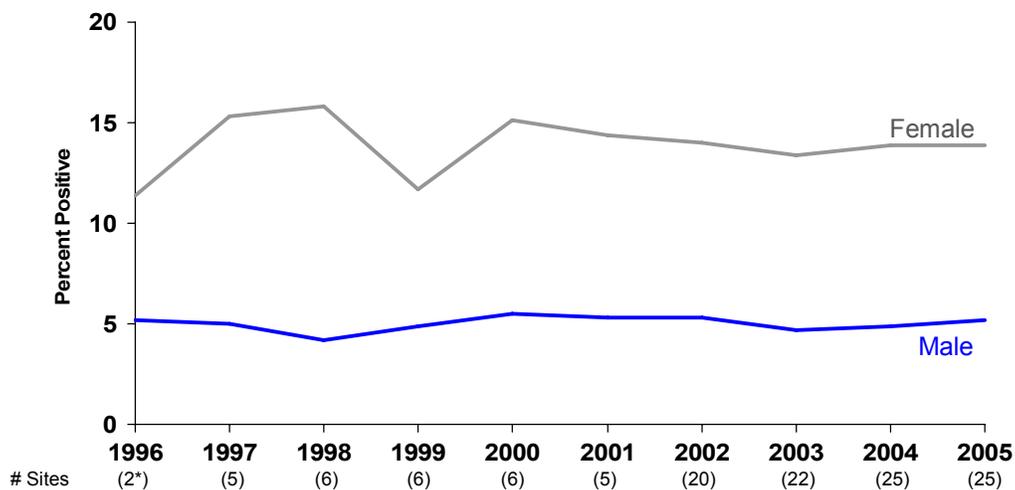
Figure 12. Chlamydia Prevalence Monitoring, Percent Positive for Males at STD Clinics, by Age Group, 1996–2005



Note: Age group 10-14 not graphed due to fewer than 50 tests.

Source: California Department of Health Services, STD Control Branch; Los Angeles Infertility Prevention Project; and San Francisco Infertility Prevention Project

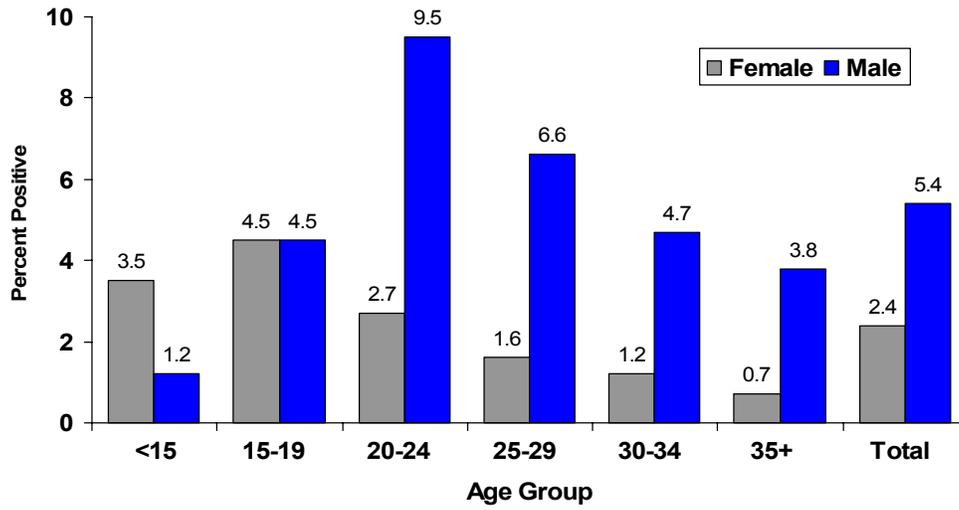
Figure 13. Chlamydia Prevalence Monitoring, Percent Positive at Juvenile Hall Facilities, by Gender, 1996–2005



\* 2 sites for males, 1996–1997; 4 sites for males, 1998; 5 sites for males, 1999–2000; 4 sites for males, 2001; 20 sites for males, 2002; 22 sites for males, 2003; 25 sites for males, 2004–2005

Source: California Department of Health Services, STD Control Branch; Los Angeles Infertility Prevention Project; and San Francisco Infertility Prevention Project

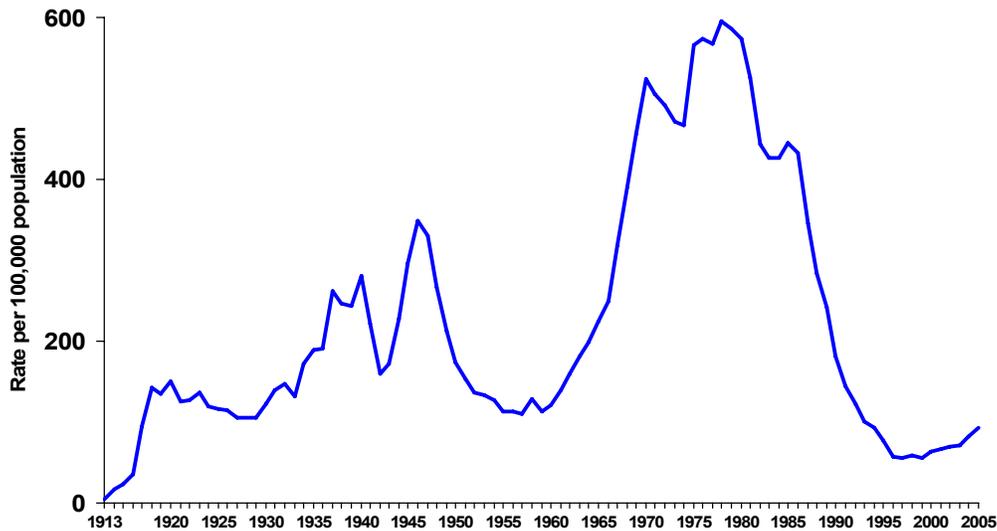
Figure 14. Chlamydia Prevalence Monitoring, Percent Positive in a Northern California Managed Care Organization, by Age Group and Gender, 2005



Source: California Department of Health Services, STD Control Branch

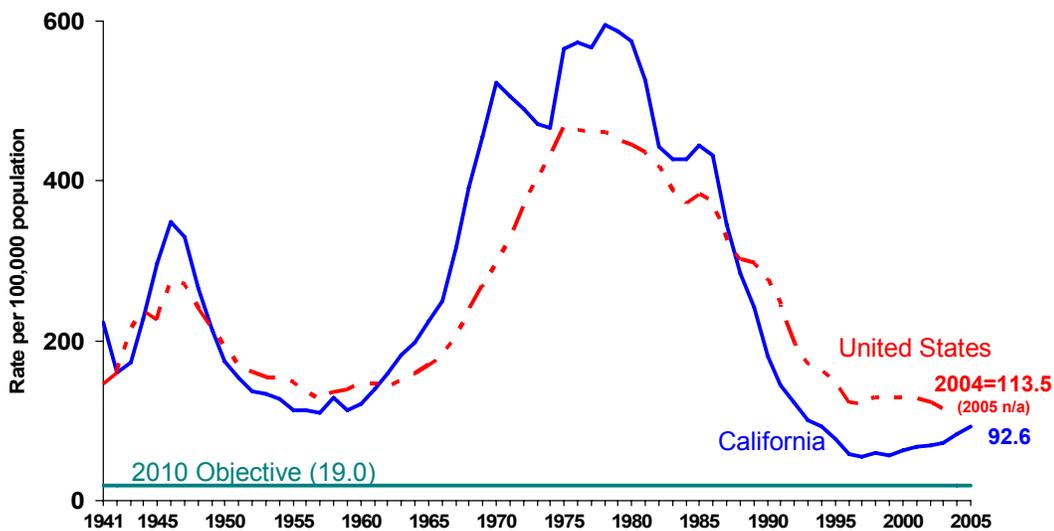
# GONORRHEA

Figure 15. Gonorrhea, California Rates, 1913–2005



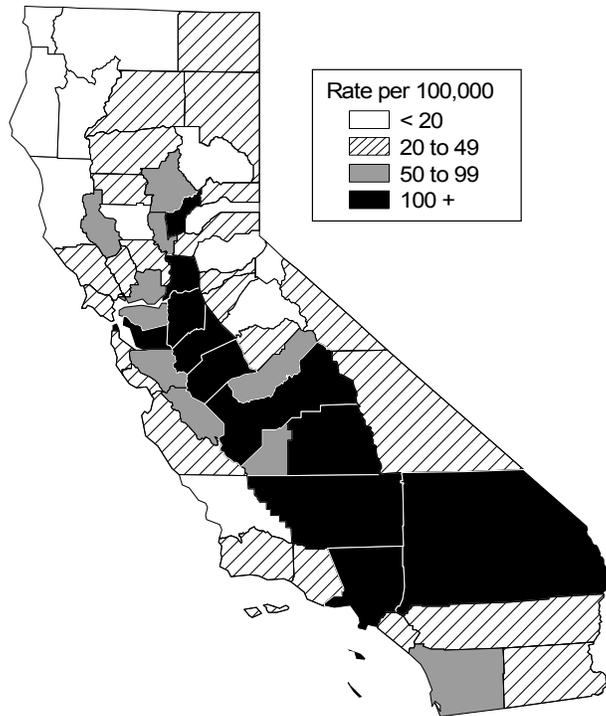
Source: California Department of Health Services, STD Control Branch

Figure 16. Gonorrhea, California versus United States Rates, 1941–2005



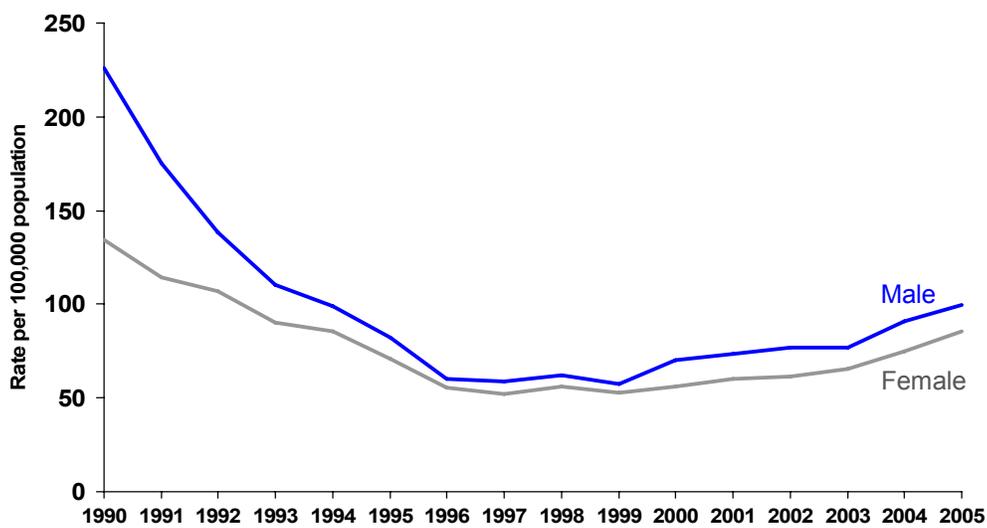
Source: California Department of Health Services, STD Control Branch  
 Centers for Disease Control and Prevention. *Sexually Transmitted Disease Surveillance, 2004*. Atlanta, Georgia: U.S. Department of Health and Human Services, September 2005, Table 1

Figure 17. Gonorrhea, Rates by County, California, 2005



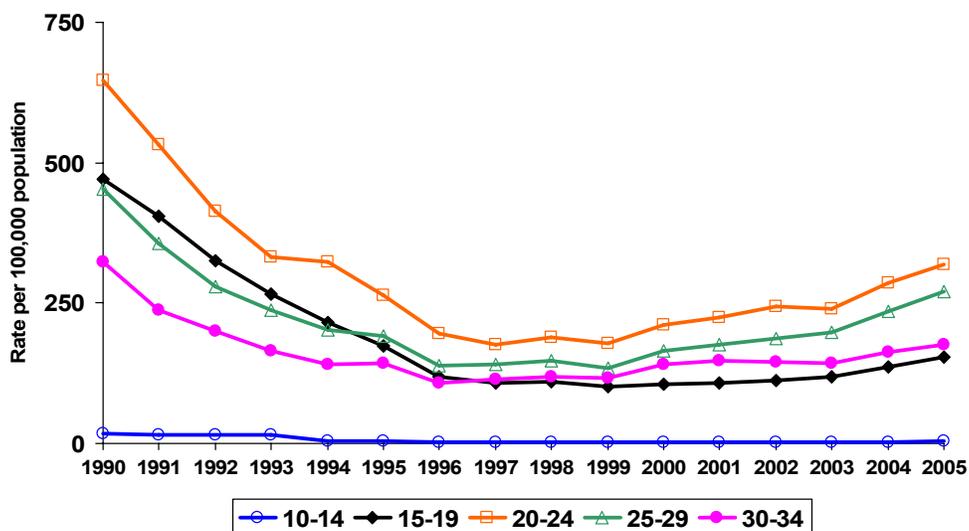
Source: California Department of Health Services, STD Control Branch

Figure 18. Gonorrhea, Rates by Gender, California, 1990–2005



Source: California Department of Health Services, STD Control Branch

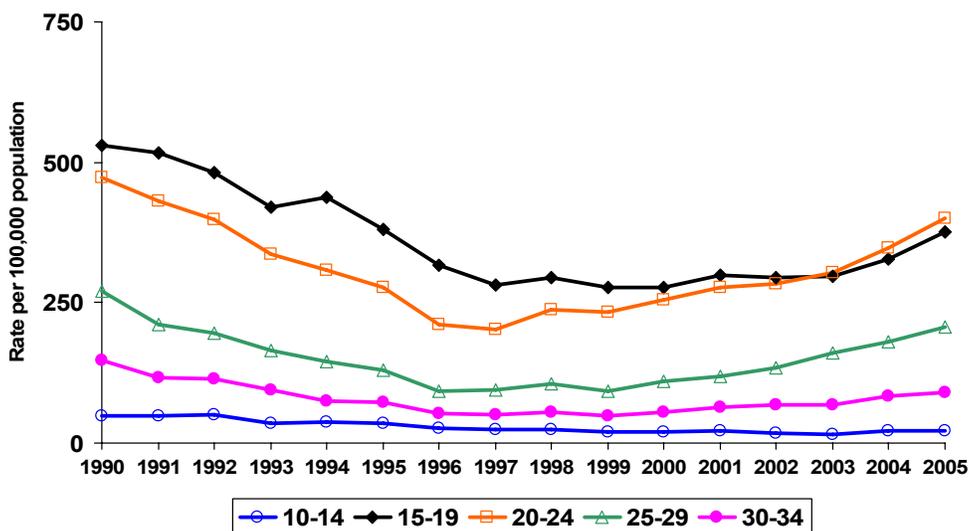
Figure 19. Gonorrhea, Rates for Males by Age Group, California, 1990–2005



Note: Age "Not Specified" ranged from 0.6% to 7.5% of cases for males in any given year.

Source: California Department of Health Services, STD Control Branch

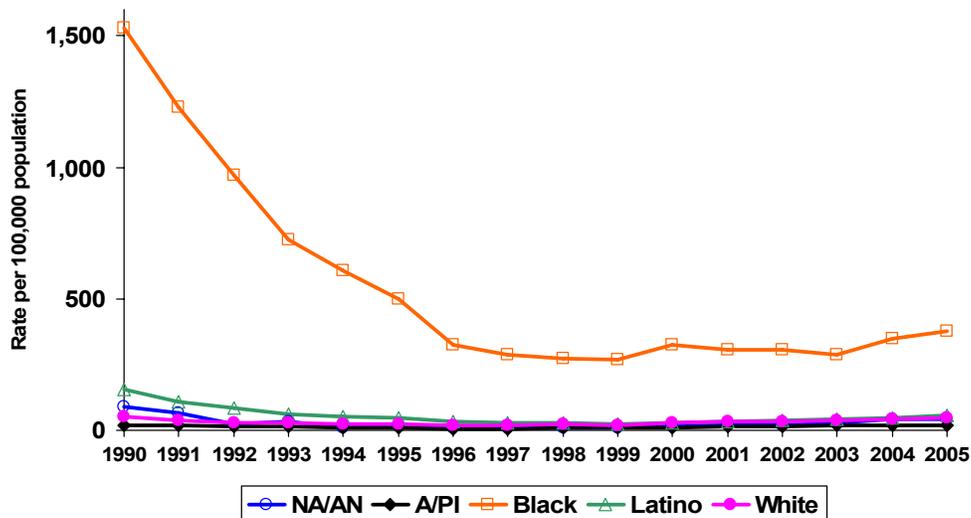
Figure 20. Gonorrhea, Rates for Females by Age Group, California, 1990–2005



Note: Age "Not Specified" ranged from 0.5% to 9.0% of cases for females in any given year.

Source: California Department of Health Services, STD Control Branch

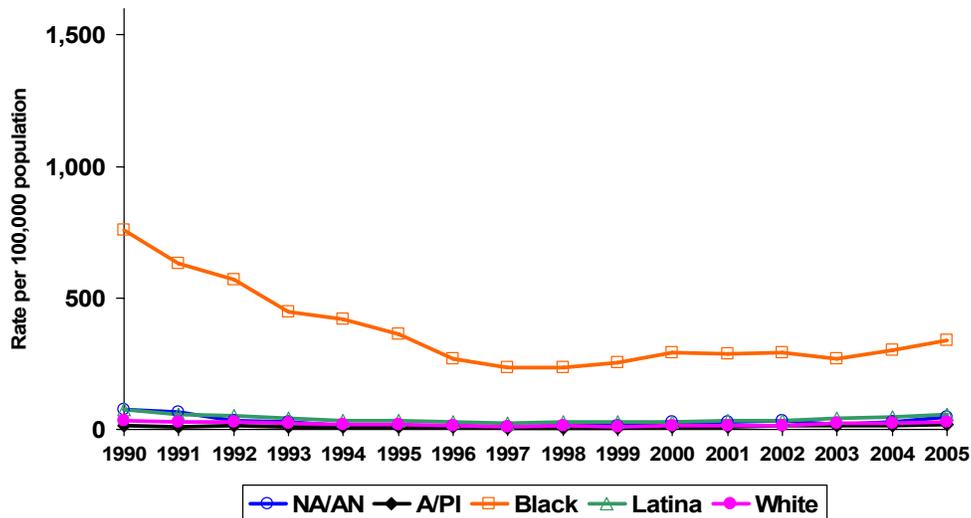
Figure 21. Gonorrhea, Rates for Males by Race/Ethnicity, California, 1990–2005



Note: NA/AN = Native American/Alaskan Native; A/PI = Asian/Pacific Islander.  
Race/ethnicity "Not Specified" ranged from 21.1% to 36.0% of cases for males in any given year.

Source: California Department of Health Services, STD Control Branch

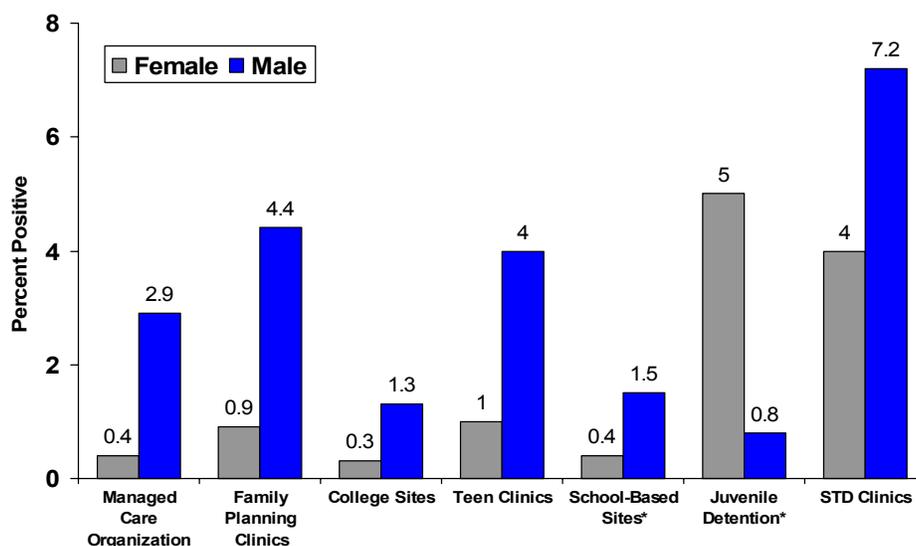
Figure 22. Gonorrhea, Rates for Females by Race/Ethnicity, California, 1990–2005



Note: NA/AN = Native American/Alaskan Native; A/PI = Asian/Pacific Islander.  
Race/ethnicity "Not Specified" ranged from 29.6% to 42.8% of cases for females in any given year.

Source: California Department of Health Services, STD Control Branch

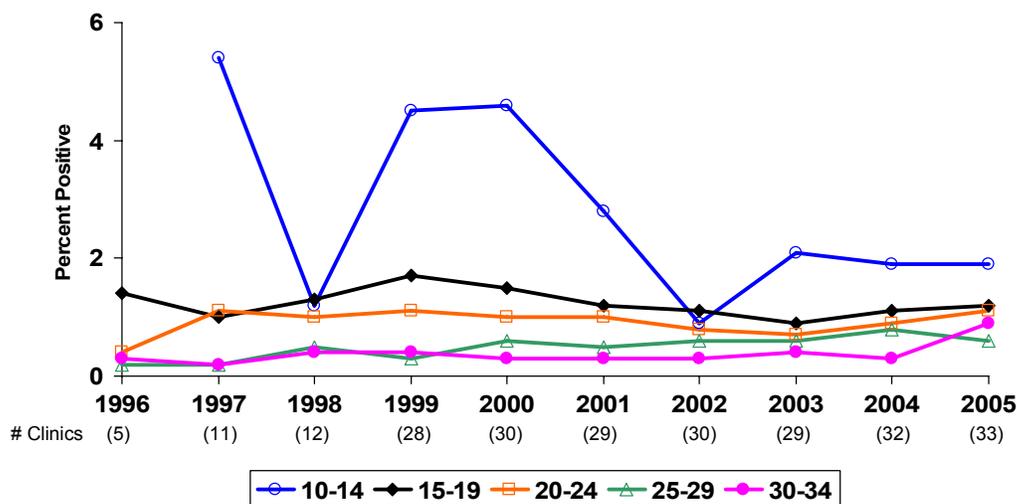
Figure 23. Gonorrhea Prevalence Monitoring, Percent Positive by Gender and Health Care Setting, California, 2005



\* These two venues target adolescents primarily.

Source: California Department of Health Services, STD Control Branch; Los Angeles Infertility Prevention Project; and San Francisco Infertility Prevention Project

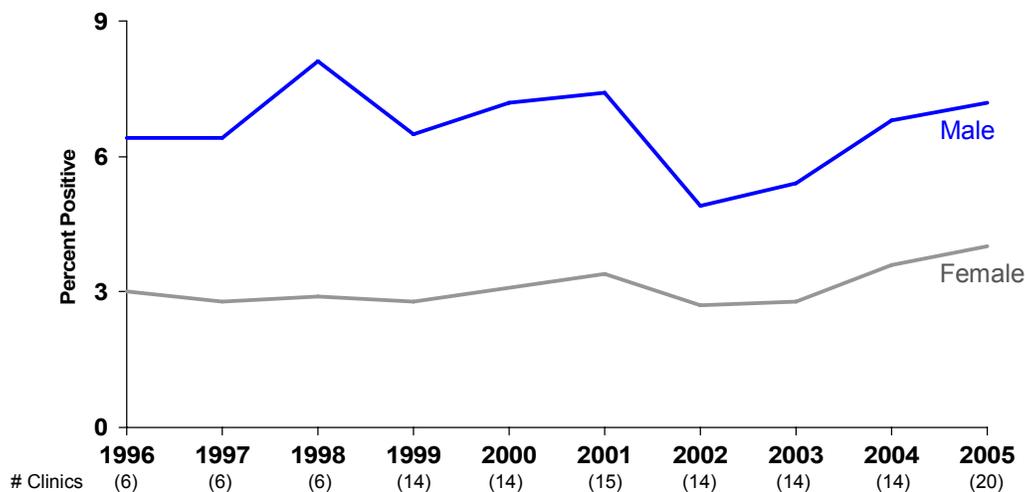
Figure 24. Gonorrhea Prevalence Monitoring, Percent Positive for Females at Family Planning Clinics, by Age Group, 1996–2005



Note: Age group 10-14 not graphed in 1996, due to fewer than 50 tests.

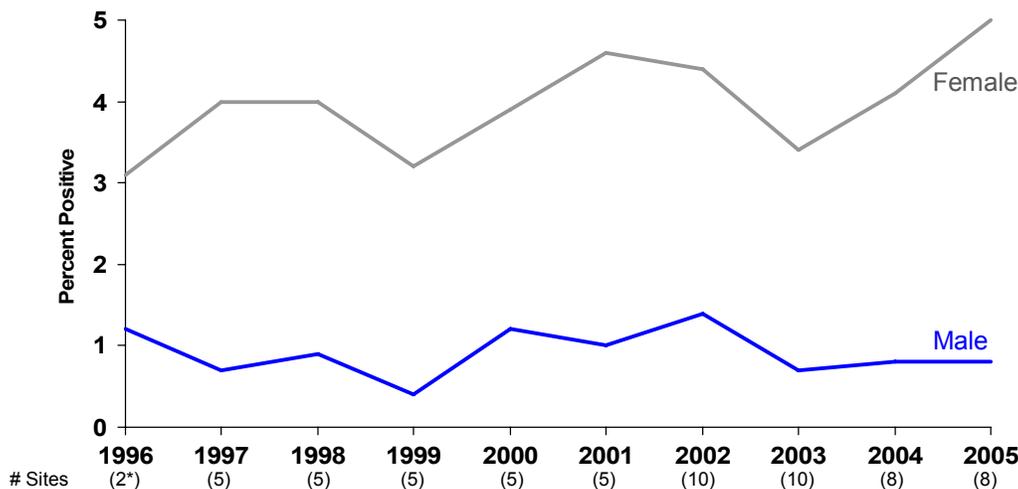
Source: California Department of Health Services, STD Control Branch; Los Angeles Infertility Prevention Project; and San Francisco Infertility Prevention Project

Figure 25. Gonorrhea Prevalence Monitoring, Percent Positive at STD Clinics, by Gender, 1996–2005



Source: California Department of Health Services, STD Control Branch; Los Angeles Infertility Prevention Project; and San Francisco Infertility Prevention Project

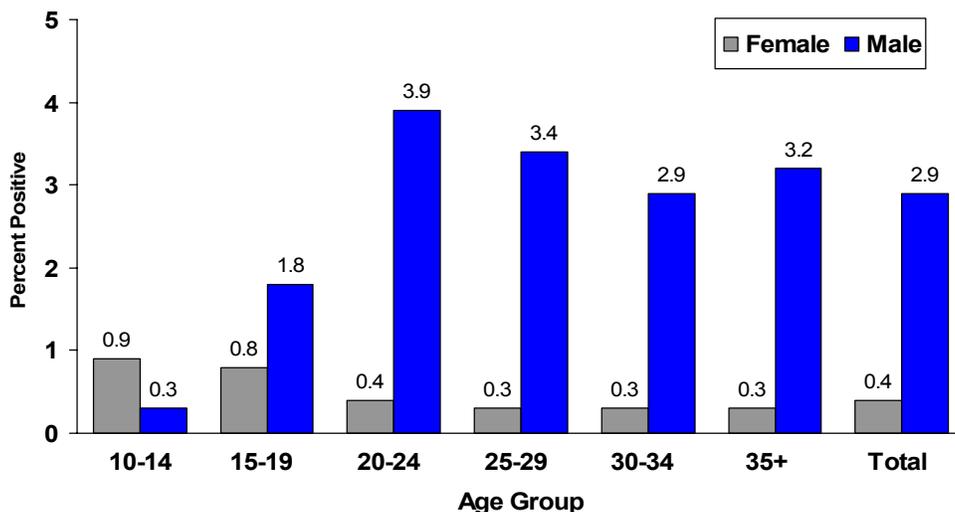
Figure 26. Gonorrhea Prevalence Monitoring, Percent Positive at Juvenile Hall Facilities, by Gender, 1996–2005



\* 2 sites for males, 1996–1998; 4 sites for males, 1999–2001; 10 sites for males, 2002–2003; 8 sites for males, 2004–2005

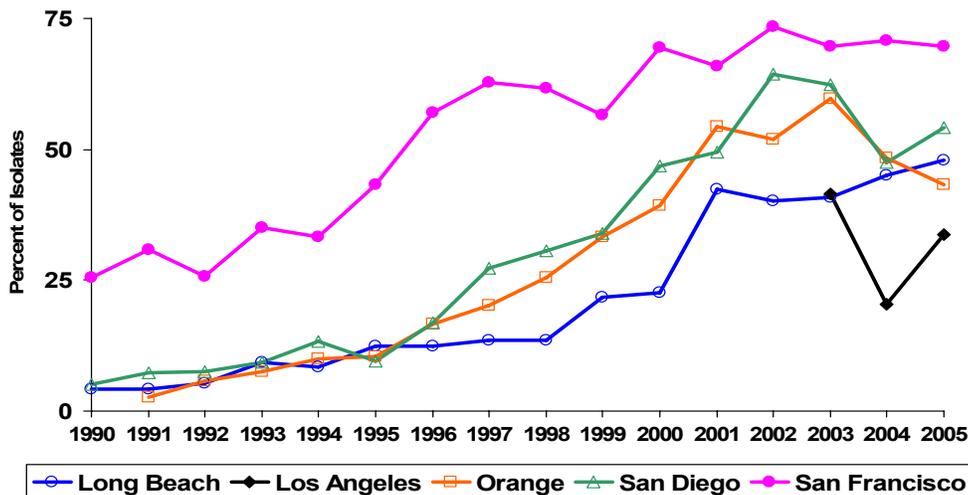
Source: California Department of Health Services, STD Control Branch; Los Angeles Infertility Prevention Project; and San Francisco Infertility Prevention Project

Figure 27. Gonorrhea Prevalence Monitoring, Percent Positive in a Northern California Managed Care Organization, by Age Group and Gender, 2005



Source: California Department of Health Services, STD Control Branch

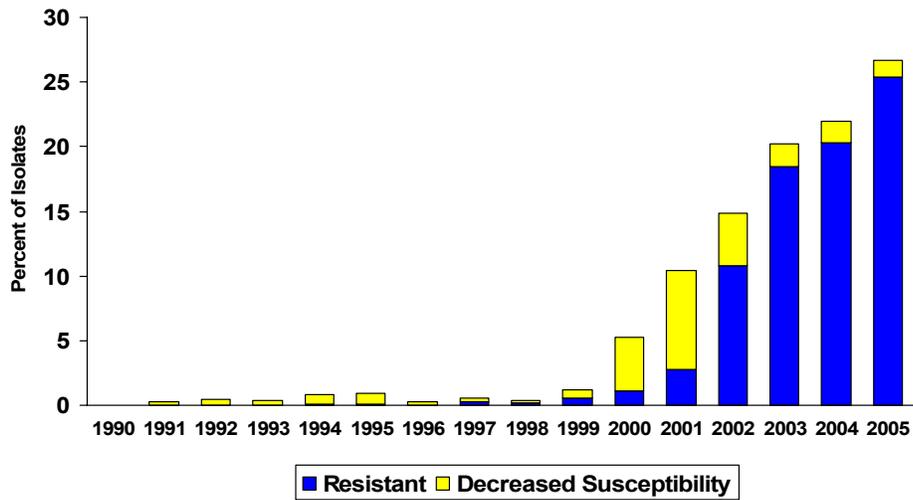
Figure 28. Gonococcal Isolate Surveillance Project (GISP), Percent of *Neisseria Gonorrhoeae* Isolates Obtained from Men who Have Sex with Men in Five California STD Clinics, 1990–2005



Note: This project began in 1991 for the Orange County STD Clinic, and in 2003 for the Los Angeles County STD Clinic.

Source: California Department of Health Services, STD Control Branch

Figure 29. Gonococcal Isolate Surveillance Project (GISP), Percent of *Neisseria Gonorrhoeae* Isolates with Decreased Susceptibility or Resistance to Ciprofloxacin in Five California STD Clinics, 1990–2005

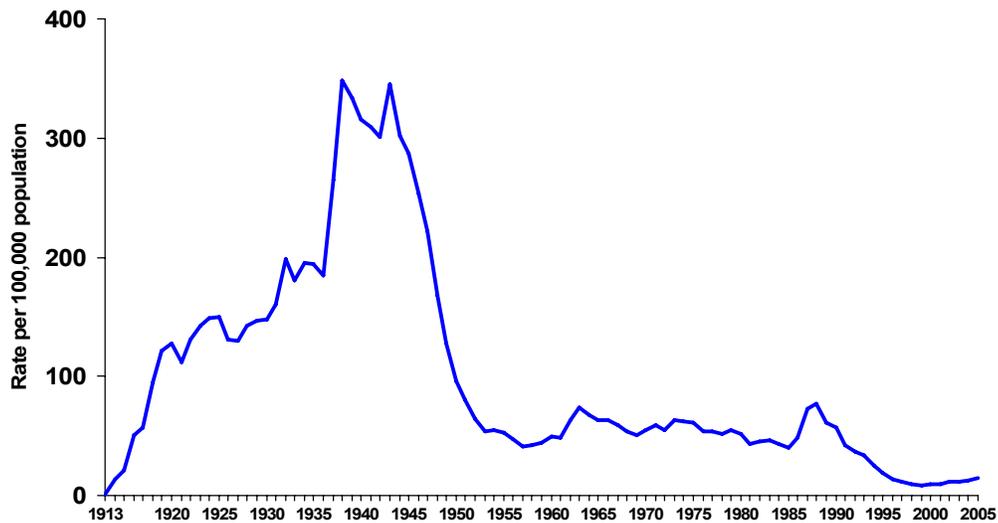


Note: Resistant isolates have minimum inhibitory concentrations (MICs)  $\geq 1 \mu\text{g}$  ciprofloxacin/mL. Isolates with decreased susceptibility have MICs of  $0.125 - 0.5 \mu\text{g}$  ciprofloxacin/mL.

Source: California Department of Health Services, STD Control Branch

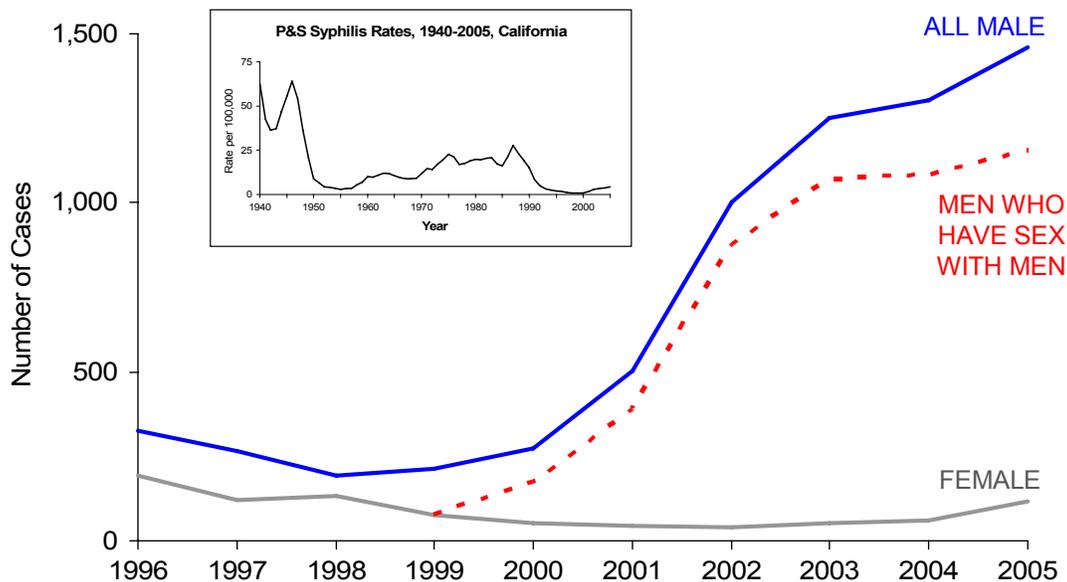
# SYPHILIS

Figure 30. Total Syphilis (all stages), California Rates, 1913–2005



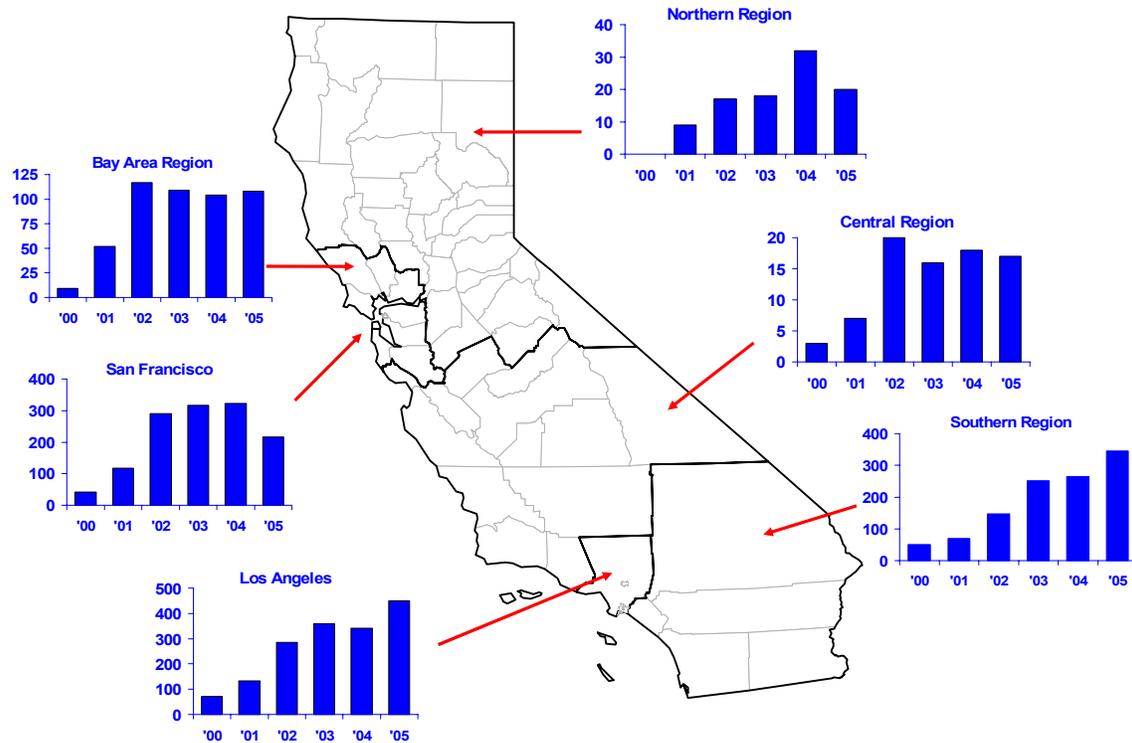
Source: California Department of Health Services, STD Control Branch

Figure 31. Primary and Secondary (P&S) Syphilis, Cases by Gender, California, 1996–2005



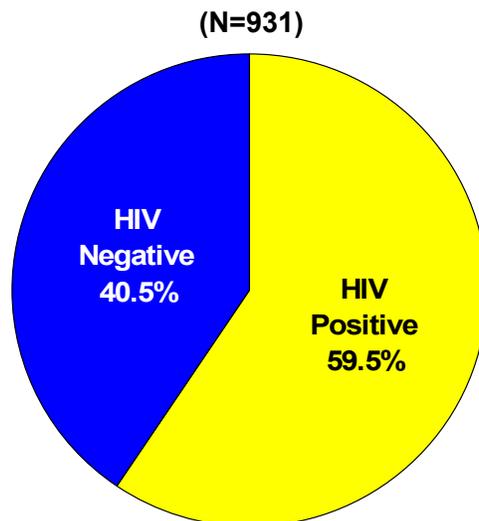
Source: California Department of Health Services, STD Control Branch

Figure 32. Number of Men who Have Sex with Men Primary and Secondary Syphilis Cases, by Region and Year



Source: California Department of Health Services, STD Control Branch

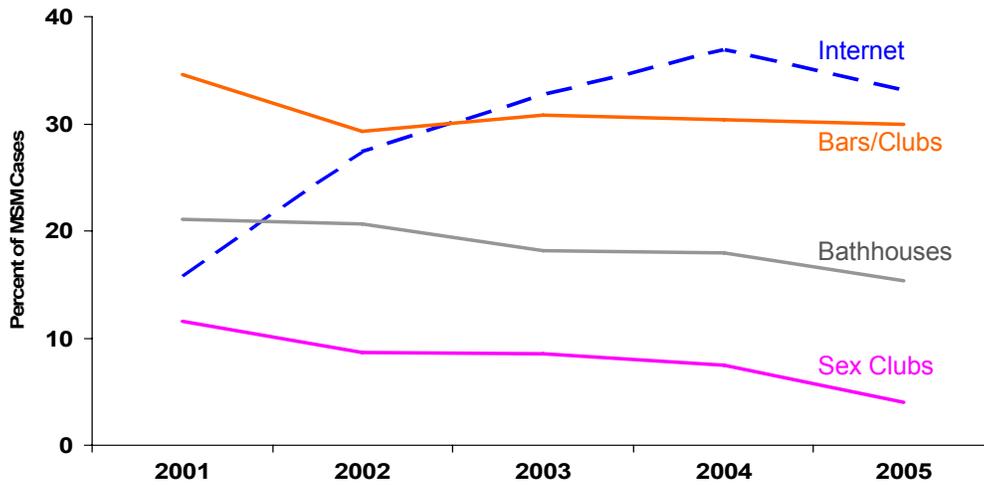
Figure 33. HIV Status among Men who Have Sex with Men Primary and Secondary Syphilis Cases, California, 2005



Note: N does not include HIV status unknown or refused: 80 cases in 2005.

Source: California Department of Health Services, STD Control Branch

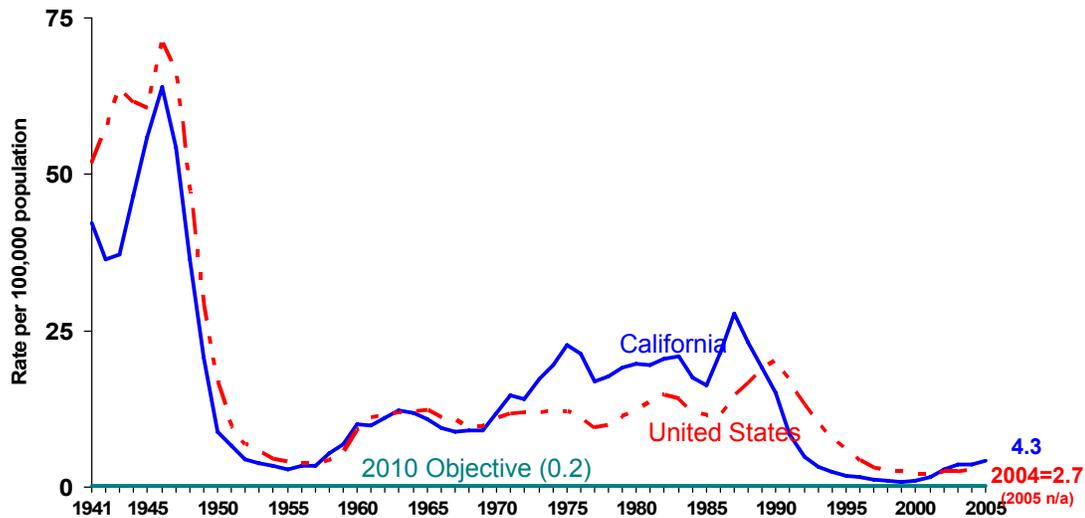
Figure 34. Percent of Interviewed Men who Have Sex with Men Primary and Secondary Syphilis Cases Reporting Meeting Partners by Venue, California, 2001–2005



Note: The difference between bathhouses and sex clubs is the presence of private rooms; sex clubs do not have private rooms.

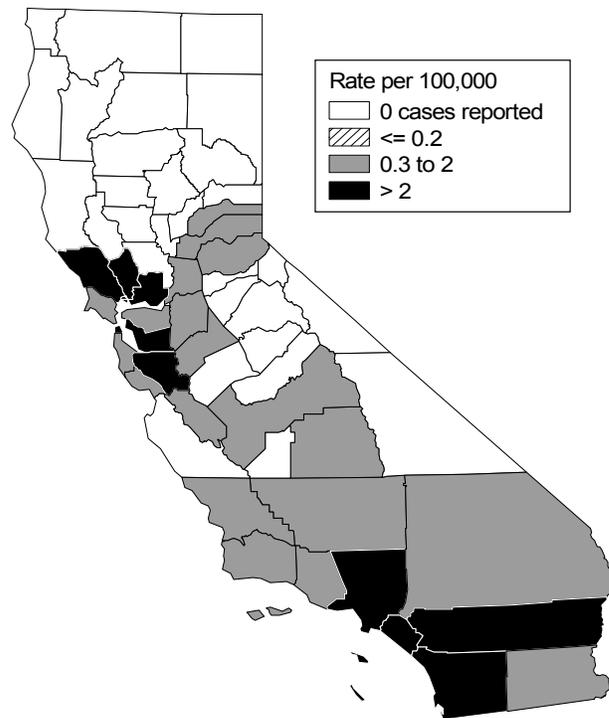
Source: California Department of Health Services, STD Control Branch

Figure 35. Primary and Secondary Syphilis, California versus United States Rates, 1941–2005



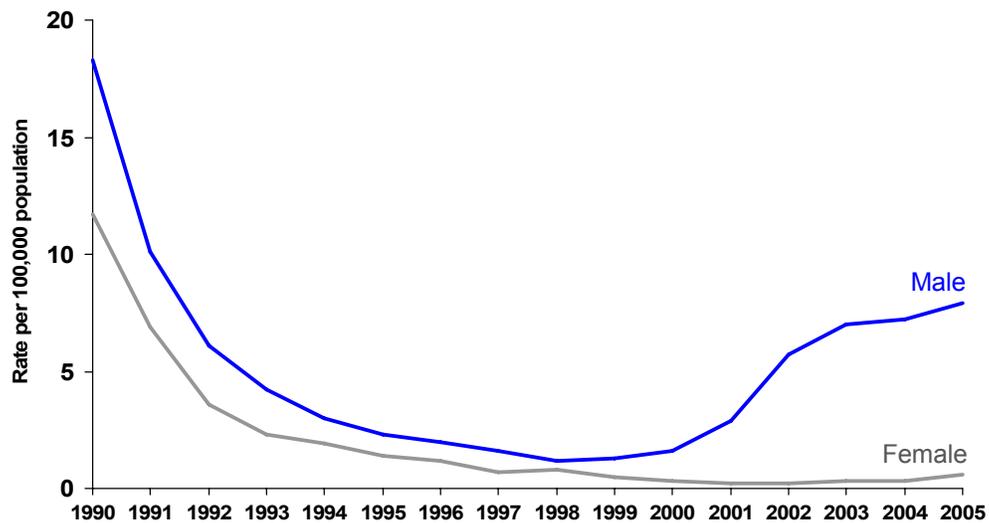
Source: California Department of Health Services, STD Control Branch  
 Centers for Disease Control and Prevention. *Sexually Transmitted Disease Surveillance, 2004*. Atlanta, Georgia: U.S. Department of Health and Human Services, September 2005, Table 1

Figure 36. Primary and Secondary Syphilis, Rates by County, California, 2005



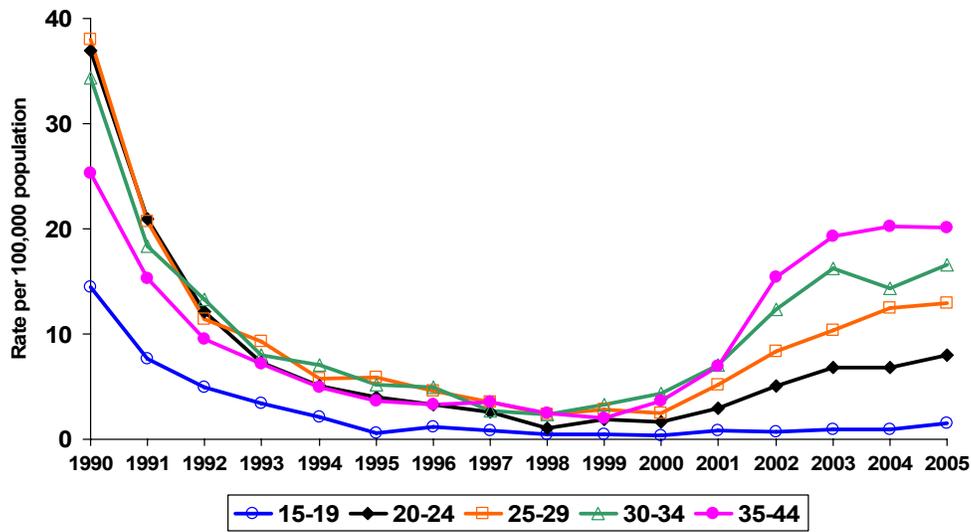
Source: California Department of Health Services, STD Control Branch

Figure 37. Primary and Secondary Syphilis, Rates by Gender, California, 1990–2005



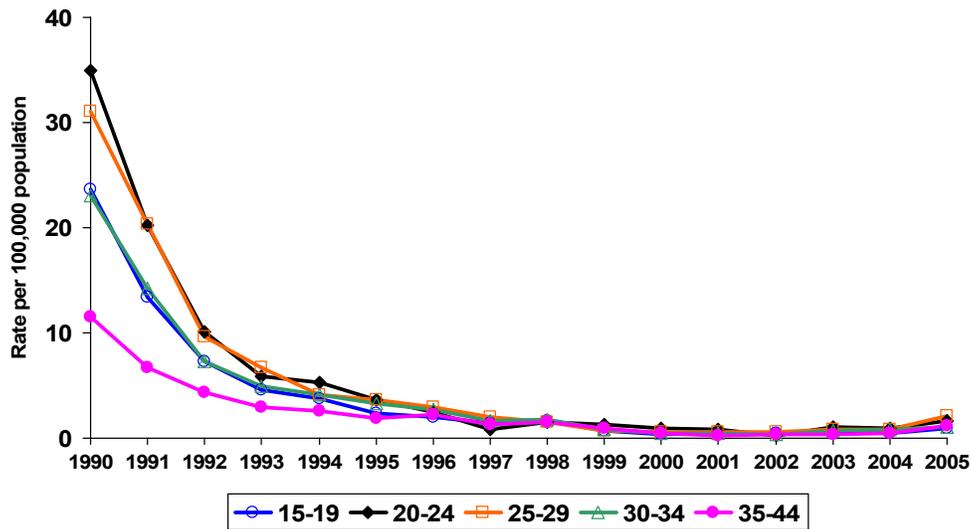
Source: California Department of Health Services, STD Control Branch

Figure 38. Primary and Secondary Syphilis, Rates for Males by Age Group, California, 1990–2005



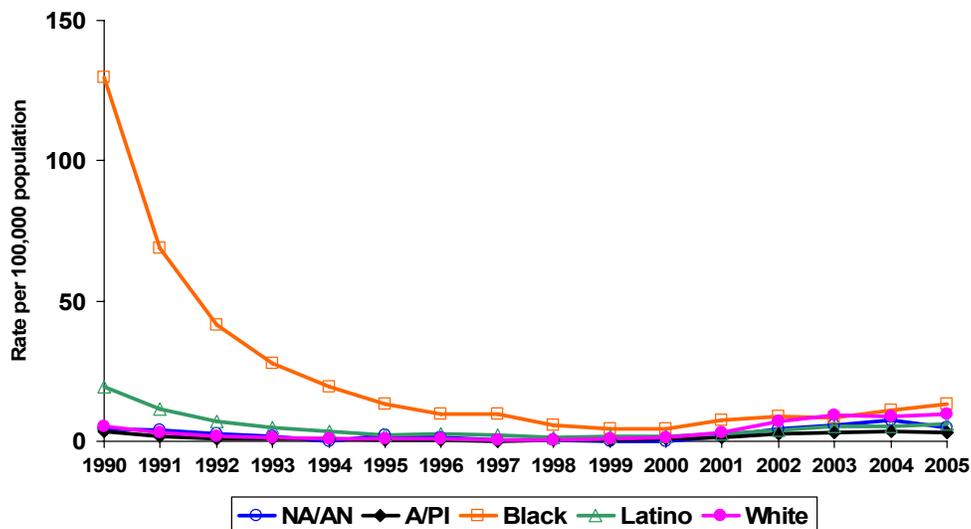
Source: California Department of Health Services, STD Control Branch

Figure 39. Primary and Secondary Syphilis, Rates for Females by Age Group, California, 1990–2005



Source: California Department of Health Services, STD Control Branch

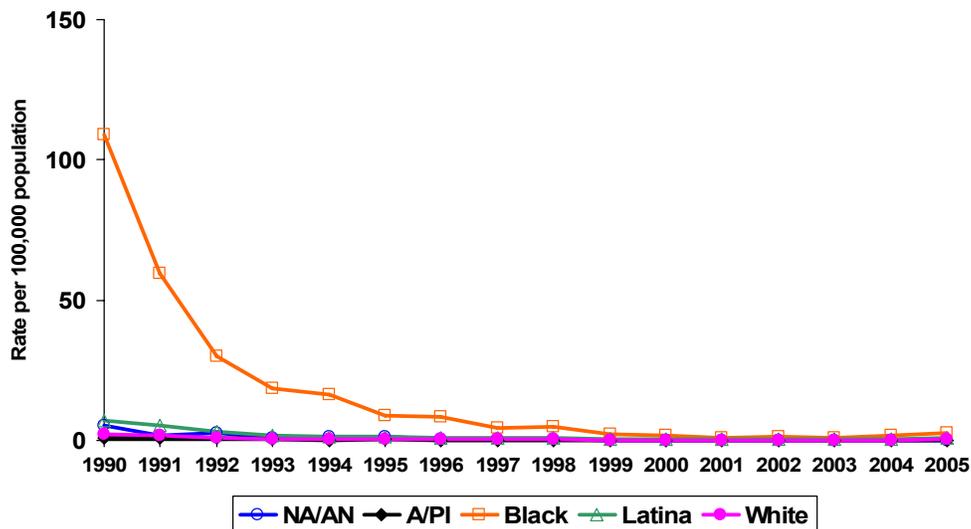
Figure 40. Primary and Secondary Syphilis, Rates for Males by Race/Ethnicity, California, 1990–2005



Note: NA/AN = Native American/Alaskan Native; A/PI = Asian/Pacific Islander.  
Race/ethnicity "Not Specified" ranged from 1.1% to 7.0% of cases for males in any given year.

Source: California Department of Health Services, STD Control Branch

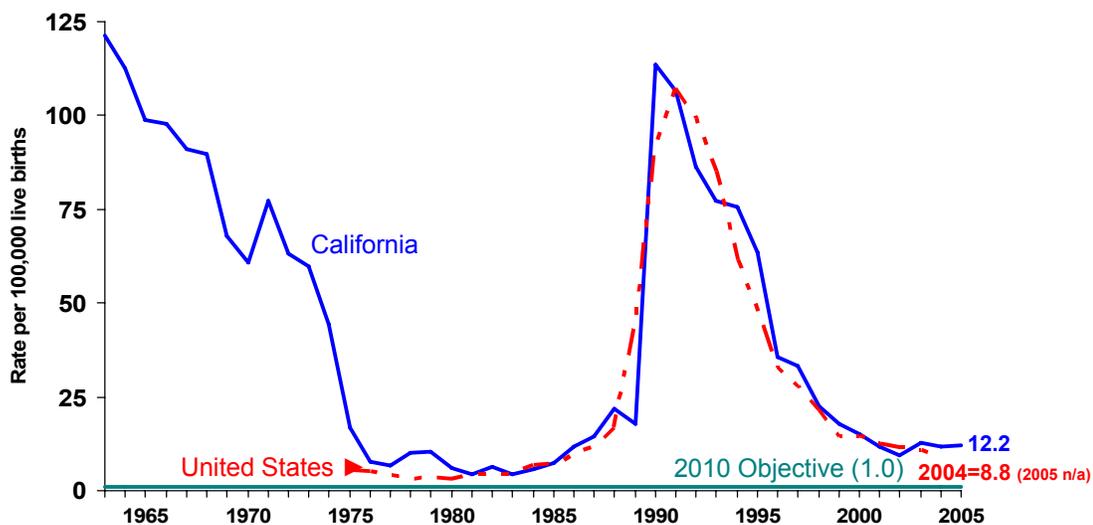
Figure 41. Primary and Secondary Syphilis, Rates for Females by Race/Ethnicity, California, 1990–2005



Note: NA/AN = Native American/Alaskan Native; A/PI = Asian/Pacific Islander.  
Race/ethnicity "Not Specified" ranged from 0% to 6.4% of cases for females in any given year.

Source: California Department of Health Services, STD Control Branch

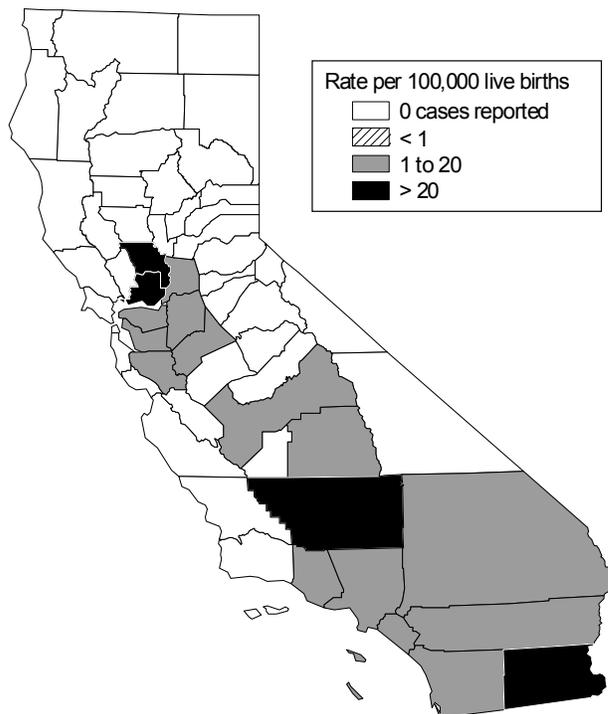
Figure 42. Congenital Syphilis in Infants less than One Year of Age, California versus United States Rates, 1963–2005



Note: The Modified Kaufman Criteria were used through 1989. The CDC Case Definition (MMWR 1989; 48: 828) was used effective January 1, 1990. United States data prior to 1975 were not reliable and are excluded. California data prior to 1985 include all cases of congenital syphilis, regardless of age.

Source: California Department of Health Services, STD Control Branch  
Centers for Disease Control and Prevention. *Sexually Transmitted Disease Surveillance, 2004*. Atlanta, Georgia: U.S. Department of Health and Human Services, September 2005, Table 39

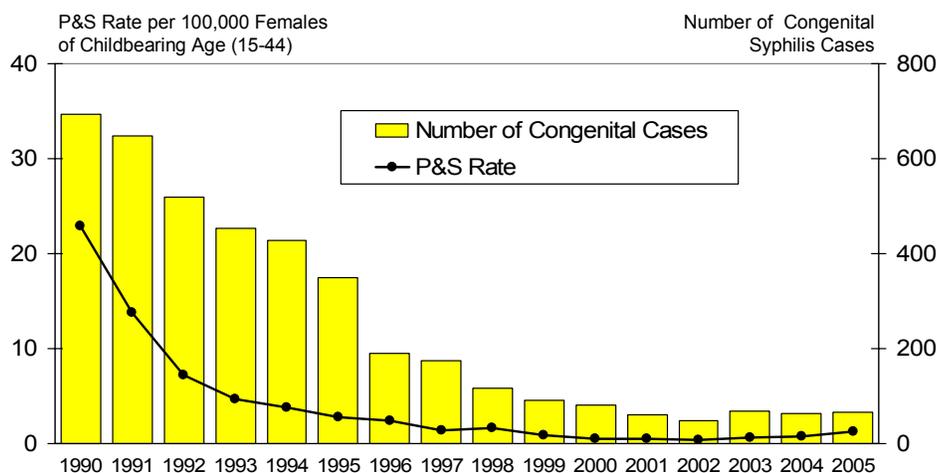
Figure 43. Congenital Syphilis in Infants less than One Year of Age, Rates by County, California, 2005



Note: Rates are based on very small numbers of cases.

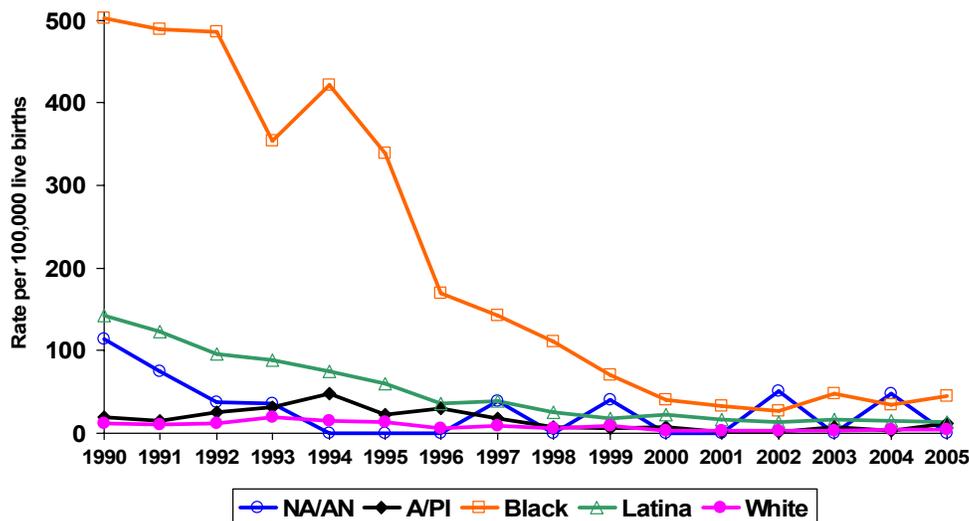
Source: California Department of Health Services, STD Control Branch

Figure 44. Congenital Syphilis Cases in Infants less than One Year of Age versus Female Primary and Secondary (P&S) Syphilis Rates, California, 1990–2005



Source: California Department of Health Services, STD Control Branch

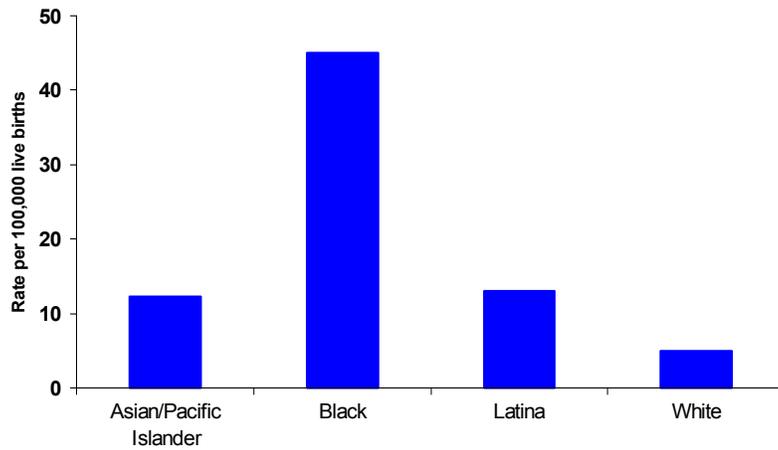
Figure 45. Congenital Syphilis in Infants less than One Year of Age, Rates by Race/Ethnicity of Mother, California, 1990–2005



Note: NA/AN = Native American/Alaskan Native; A/PI = Asian/Pacific Islander.

Source: California Department of Health Services, STD Control Branch

Figure 46. Congenital Syphilis in Infants less than One Year of Age, Rates by Race/Ethnicity of Mother, California, 2005



Note: Native American/Alaskan Native rates were excluded; no cases were reported in 2005.

Source: California Department of Health Services, STD Control Branch



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Table 1. Cases of STDs Reported by Local Health Jurisdictions, and Rates per 100,000 Population, California, 1913–2005

YEAR	Syphilis										Chlamydia		Gonorrhea	
	Primary and Secondary		Early Latent		Late and Late Latent		Congenital (Age < 1 Year)		Total All Stages		Cases	Rate	Cases	Rate
	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate				
1913	NA	.	NA	.	NA	.	NA	.	32	1.2	NR	.	117	4.3
1914	NA	.	NA	.	NA	.	NA	.	379	13.4	NR	.	467	16.5
1915	NA	.	NA	.	NA	.	NA	.	612	20.8	NR	.	695	23.7
1916	NA	.	NA	.	NA	.	NA	.	1,536	50.4	NR	.	1,083	35.5
1917	NA	.	NA	.	NA	.	NA	.	1,797	56.9	NR	.	3,006	95.2
1918	NA	.	NA	.	NA	.	NA	.	3,106	95.1	NR	.	4,665	142.9
1919	NA	.	NA	.	NA	.	NA	.	4,091	121.3	NR	.	4,570	135.5
1920	NA	.	NA	.	NA	.	NA	.	4,514	127.6	NR	.	5,305	150.0
1921	NA	.	NA	.	NA	.	NA	.	4,220	112.3	NR	.	4,709	125.4
1922	NA	.	NA	.	NA	.	NA	.	5,188	130.5	NR	.	5,060	127.3
1923	NA	.	NA	.	NA	.	NA	.	5,983	142.6	NR	.	5,704	135.9
1924	NA	.	NA	.	NA	.	NA	.	6,546	148.3	NR	.	5,265	119.3
1925	NA	.	NA	.	NA	.	NA	.	6,931	149.6	NR	.	5,391	116.3
1926	NA	.	NA	.	NA	.	NA	.	6,369	131.2	NR	.	5,570	114.8
1927	NA	.	NA	.	NA	.	NA	.	6,573	129.6	NR	.	5,348	105.4
1928	NA	.	NA	.	NA	.	NA	.	7,537	142.4	NR	.	5,593	105.7
1929	NA	.	NA	.	NA	.	NA	.	8,074	146.5	NR	.	5,842	106.0
1930	NA	.	NA	.	NA	.	NA	.	8,455	148.1	NR	.	7,001	122.7
1931	NA	.	NA	.	NA	.	NA	.	9,335	160.3	NR	.	8,123	139.5
1932	NA	.	NA	.	NA	.	NA	.	11,717	198.8	NR	.	8,702	147.6
1933	NA	.	NA	.	NA	.	NA	.	10,737	180.1	NR	.	7,817	131.1
1934	NA	.	NA	.	NA	.	NA	.	11,820	195.2	NR	.	10,459	172.7
1935	NA	.	NA	.	NA	.	NA	.	11,957	193.8	NR	.	11,634	188.6
1936	NA	.	NA	.	NA	.	NA	.	11,725	185.2	NR	.	12,118	191.4
1937	NA	.	NA	.	NA	.	NA	.	17,276	265.1	NR	.	17,051	261.6
1938	NA	.	NA	.	NA	.	NA	.	23,137	348.1	NR	.	16,336	245.8
1939	NA	.	NA	.	NA	.	NA	.	22,634	333.8	NR	.	16,542	243.9
1940	4,331	62.7	1,550	22.4	14,949	216.4	955	853.9	21,785	315.4	NR	.	19,433	281.3
1941	3,063	42.3	5,871	81.1	12,590	174.0	881	704.5	22,405	309.6	NR	.	16,098	222.4
1942	2,815	36.4	5,401	69.8	14,257	184.3	752	491.1	23,225	300.3	NR	.	12,408	160.4
1943	3,166	37.2	7,355	86.5	17,810	209.4	1,015	586.4	29,346	345.0	NR	.	14,632	172.0
1944	4,172	46.6	6,386	71.4	15,543	173.8	860	485.9	26,961	301.4	NR	.	20,365	227.7
1945	5,216	55.8	6,696	71.7	14,177	151.7	745	409.1	26,834	287.2	NR	.	27,668	296.1
1946	6,122	64.0	6,890	72.1	10,528	110.1	681	313.5	24,221	253.4	NR	.	33,364	349.0
1947	5,334	54.3	6,041	61.4	9,664	98.3	727	298.2	21,766	221.4	NR	.	32,396	329.5
1948	3,651	36.3	4,159	41.3	8,499	84.4	591	246.7	16,900	167.9	NR	.	26,767	266.0
1949	2,141	20.7	2,782	26.9	7,794	75.4	493	201.3	13,210	127.8	NR	.	22,027	213.1
1950	930	8.8	1,843	17.4	7,068	66.8	377	154.2	10,218	96.5	NR	.	18,394	173.8
1951	732	6.6	1,648	14.8	6,165	55.4	342	131.4	8,887	79.8	NR	.	17,122	153.8
1952	514	4.4	1,461	12.6	5,179	44.5	305	108.5	7,459	64.1	NR	.	15,821	135.9
1953	475	3.9	1,148	9.5	4,574	37.8	260	87.6	6,457	53.4	NR	.	16,081	132.9
1954	432	3.5	1,114	8.9	5,022	40.1	277	90.5	6,845	54.7	NR	.	16,012	127.9
1955	379	2.9	1,341	10.3	4,833	37.2	249	79.5	6,802	52.3	NR	.	14,697	113.0
1956	470	3.5	1,071	7.9	4,504	33.2	263	78.8	6,427	47.3	NR	.	15,346	113.0
1957	481	3.4	1,093	7.7	3,954	27.9	251	71.6	5,886	41.5	NR	.	15,679	110.6
1958	813	5.5	1,168	7.9	3,883	26.3	254	72.7	6,195	42.0	NR	.	18,928	128.4
1959	1,038	6.8	1,254	8.2	4,232	27.7	270	75.3	6,802	44.5	NR	.	17,237	112.7
1960	1,581	10.0	1,471	9.3	4,616	29.1	256	68.9	7,926	50.0	NR	.	19,236	121.3
1961	1,605	9.8	1,644	10.0	4,462	27.2	274	71.9	7,985	48.7	NR	.	22,979	140.0
1962	1,884	11.1	2,018	11.9	6,547	38.6	354	93.6	10,803	63.7	NR	.	26,967	159.1
1963	2,142	12.2	2,013	11.5	8,245	47.0	462	121.4	12,862	73.4	NR	.	31,825	181.5
1964	2,148	11.9	1,954	10.8	7,668	42.5	421	112.4	12,191	67.6	NR	.	35,700	198.0
1965	1,995	10.8	2,159	11.7	7,174	38.9	351	98.9	11,679	63.3	NR	.	41,551	225.0
1966	1,781	9.5	1,996	10.6	7,824	41.5	330	97.7	11,931	63.4	NR	.	47,099	250.1
1967	1,706	8.9	1,659	8.7	7,575	39.5	306	90.9	11,246	58.7	NR	.	60,810	317.1
1968	1,749	9.0	1,615	8.3	6,768	34.8	304	89.6	10,436	53.7	NR	.	75,998	391.1
1969	1,795	9.1	1,693	8.6	6,311	32.0	240	68.0	10,039	50.8	NR	.	90,073	456.2

(continued on next page)

Table 1. Cases of STDs Reported by Local Health Jurisdictions, and Rates per 100,000 Population, California, 1913–2005 (continued)

YEAR	Syphilis										Chlamydia		Gonorrhea	
	Primary and Secondary		Early Latent		Late and Late Latent		Congenital (Age < 1 Year)		Total All Stages		Cases	Rate	Cases	Rate
	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate				
1970	2,348	11.8	2,096	10.5	6,317	31.6	221	60.9	10,982	55.0	NR	.	104,568	523.6
1971	2,977	14.6	2,660	13.1	6,039	29.7	255	77.3	11,932	58.6	NR	.	102,804	505.3
1972	2,878	14.0	2,778	13.5	5,550	27.0	194	63.3	11,400	55.4	NR	.	101,006	490.7
1973	3,620	17.3	3,594	17.2	5,906	28.3	178	59.8	13,298	63.7	NR	.	98,242	470.8
1974	4,123	19.5	3,108	14.7	5,893	27.8	138	44.3	13,262	62.6	NR	.	98,639	465.9
1975	4,911	22.8	3,709	17.2	4,547	21.1	53	16.7	13,265	61.6	NR	.	121,919	566.1
1976	4,703	21.4	3,352	15.3	3,659	16.7	26	7.8	11,740	53.5	NR	.	125,833	573.7
1977	3,787	16.9	2,635	11.8	5,532	24.8	23	6.6	11,997	53.7	NR	.	126,768	567.2
1978	4,033	17.7	2,803	12.3	4,910	21.5	36	10.1	11,795	51.6	NR	.	136,109	595.9
1979	4,445	19.1	3,036	13.1	5,149	22.1	40	10.5	12,670	54.5	NR	.	136,463	586.8
1980	4,696	19.8	5,138	21.7	2,412	10.2	24	6.0	12,270	51.8	NR	.	135,885	574.1
1981	4,748	19.6	2,936	12.1	2,805	11.6	19	4.5	10,508	43.3	NR	.	127,723	526.1
1982	5,096	20.5	3,399	13.7	2,860	11.5	27	6.3	11,382	45.9	NR	.	109,860	442.9
1983	5,290	20.9	3,171	12.5	3,201	12.6	19	4.4	11,681	46.1	NR	.	108,066	426.5
1984	4,503	17.4	3,048	11.8	3,628	14.1	25	5.6	11,204	43.4	NR	.	110,208	426.9
1985	4,285	16.2	2,724	10.3	3,637	13.8	35	7.4	10,681	40.5	NR	.	117,392	444.6
1986	5,831	21.6	3,117	11.5	4,240	15.7	57	11.8	13,245	49.0	NR	.	116,895	432.1
1987	7,697	27.8	5,548	20.0	7,013	25.3	72	14.3	20,330	73.3	NR	.	95,877	345.9
1988	6,598	23.2	6,226	21.9	9,076	32.0	117	22.0	22,017	77.5	NR	.	80,708	284.3
1989	5,597	19.2	6,601	22.7	5,642	19.4	102	17.9	17,942	61.6	NR	.	70,596	242.2
1990	4,494	15.1	5,684	19.1	6,193	20.8	694	113.5	17,065	57.2	66,213	222.0	54,076	181.3
1991	2,604	8.5	3,972	13.0	5,526	18.1	649	106.5	12,751	41.9	69,974	229.7	44,104	144.8
1992	1,500	4.8	3,178	10.3	6,160	19.9	520	86.5	11,358	36.7	67,113	216.6	38,182	123.2
1993	1,019	3.3	2,303	7.4	6,666	21.3	452	77.3	10,440	33.3	68,323	218.2	31,443	100.4
1994	775	2.5	1,638	5.2	5,157	16.4	428	75.5	7,998	25.4	72,770	230.8	29,241	92.8
1995	591	1.9	1,409	4.4	3,614	11.4	350	63.5	5,964	18.8	61,541	194.1	24,369	76.8
1996	521	1.6	1,190	3.7	2,591	8.1	191	35.5	4,493	14.1	61,666	192.9	18,570	58.1
1997	386	1.2	961	3.0	2,371	7.3	174	33.2	3,892	12.0	68,599	211.4	18,002	55.5
1998	325	1.0	780	2.4	1,753	5.3	117	22.4	2,975	9.1	76,356	232.3	19,535	59.4
1999	290	0.9	588	1.8	1,916	5.7	92	17.8	2,886	8.6	85,039	254.5	18,660	55.8
2000	326	1.0	354	1.0	2,609	7.7	81	15.2	3,370	9.9	95,388	279.7	21,619	63.4
2001	547	1.6	414	1.2	2,151	6.2	62	11.8	3,174	9.1	101,856	292.8	23,262	66.9
2002	1,040	2.9	722	2.0	2,157	6.1	49	9.3	3,968	11.2	110,287	311.6	24,618	69.6
2003	1,306	3.6	821	2.3	2,035	5.7	69	12.8	4,231	11.8	116,595	324.0	25,725	71.5
2004	1,365	3.7	867	2.4	2,378	6.5	63	11.6	4,673	12.8	122,241	334.9	30,190	82.7
2005	1,578	4.3	1,170	3.2	2,554	6.9	67	12.2	5,369	14.5	130,290	352.1	34,259	92.6

Notes: For 1913-1957, data were reported for civilian cases only. From 1958 to the present, case counts include both civilian and military cases.

Congenital syphilis rates are per 100,000 live births. The Modified Kaufman Criteria were used through 1989. The CDC Case Definition (MMWR 1989; 48: 828) was used effective January 1, 1990. From 1985 to the present, congenital case counts include only infants under one year of age.

NA = Not Available

NR = No Report

Source: California Department of Health Services, STD Control Branch

State of California, Department of Finance, *California County Population Estimates and Components of Change by Year, July 1, 2000-2005*. Sacramento, California, March 2006

State of California, Department of Finance, Demographic Research Unit, *Historical and Projected Births by County, 2000-2014, with Births and Fertility Rates by Race/Ethnicity and Age of Mother*. Sacramento, California, September 2005

Table 2. Chlamydia, Cases and Rates, California Counties and Selected City Health Jurisdictions, 2001–2005

COUNTY	2001		2002		2003		2004		2005	
	Cases	Rate								
<b>CALIFORNIA</b>	<b>101,856</b>	<b>292.8</b>	<b>110,287</b>	<b>311.6</b>	<b>116,595</b>	<b>324.0</b>	<b>122,241</b>	<b>334.9</b>	<b>130,290</b>	<b>352.1</b>
Alameda	4,886	330.6	4,848	325.7	5,078	340.0	5,307	354.4	5,431	361.2
— Berkeley <sup>1</sup>	222	212.7	241	230.4	313	299.9	312	299.3	316	303.0
Alpine	1	80.0	1	79.6	3	238.9	-	-	-	-
Amador	20	55.7	32	87.2	32	86.5	21	55.9	48	125.6
Butte	396	192.1	378	181.1	607	287.3	706	329.7	615	284.2
Calaveras	28	67.3	31	73.0	34	78.1	30	67.3	42	91.9
Colusa	32	166.3	31	157.7	16	79.8	31	150.0	30	140.7
Contra Costa	2,367	242.2	2,370	239.6	2,611	260.4	2,726	269.0	2,795	272.4
Del Norte	38	137.7	28	100.3	25	88.5	27	92.7	32	109.0
El Dorado	152	93.6	173	104.4	222	131.5	236	137.4	212	120.8
Fresno	4,216	513.9	4,744	566.5	4,697	547.8	4,796	547.5	4,865	545.2
Glenn	44	164.1	44	161.9	57	206.0	48	170.9	68	238.4
Humboldt	315	247.4	315	244.9	358	275.8	323	245.0	324	244.7
Imperial	473	323.5	466	310.8	397	256.5	376	236.0	407	247.8
Inyo	22	120.4	14	75.7	22	118.7	35	188.1	22	118.3
Kern	2,792	409.4	2,869	410.3	3,403	472.1	3,730	499.8	3,922	509.1
Kings	494	372.9	503	372.0	579	415.5	609	423.1	645	440.3
Lake	84	139.5	118	192.6	133	213.9	73	114.9	132	205.7
Lassen	20	59.1	47	138.4	44	127.8	40	113.2	48	134.5
Los Angeles	35,081	359.9	37,997	383.4	39,631	394.4	41,099	405.7	41,894	409.8
— Long Beach <sup>1</sup>	2,119	449.5	2,040	427.4	2,301	475.1	2,282	467.2	2,377	483.7
— Pasadena <sup>1</sup>	225	164.5	268	191.4	271	189.3	277	191.8	642	439.4
Madera	305	239.9	423	326.1	453	336.5	808	582.4	613	429.2
Marin	301	120.5	287	114.6	249	99.1	462	184.0	517	205.0
Mariposa	9	52.3	14	80.4	12	67.6	21	116.9	17	93.0
Mendocino	172	196.6	166	188.1	197	221.2	193	214.0	203	224.3
Merced	468	214.6	645	287.3	873	377.8	892	374.1	1,049	429.4
Modoc	6	63.3	10	105.5	8	83.5	6	61.1	10	101.9
Mono	6	45.5	6	45.0	7	52.2	12	88.7	9	66.6
Monterey	1,200	292.2	1,206	290.1	1,172	278.2	1,252	295.3	1,236	290.8
Napa	120	94.3	110	85.0	126	96.1	150	113.4	246	184.2
Nevada	88	93.2	108	113.0	115	118.4	110	111.1	118	117.7
Orange	5,759	197.3	5,630	190.0	6,407	213.3	5,202	171.3	8,825	288.3
Placer	245	92.4	248	89.5	339	116.5	411	135.4	467	148.8
Plumas	13	62.4	17	81.4	8	38.1	18	84.2	21	97.4
Riverside	3,411	210.3	4,086	242.3	3,860	218.4	3,305	178.7	4,745	245.7
Sacramento	4,430	348.3	4,722	362.4	5,212	391.0	6,163	454.1	6,906	500.8
San Benito	84	152.1	105	186.8	115	202.2	152	265.5	109	188.9
San Bernardino	5,601	316.1	5,990	329.8	6,828	365.1	7,609	395.0	7,434	375.9
San Diego	9,092	314.3	10,255	347.6	10,273	342.9	10,886	359.5	11,164	365.2
San Francisco	3,020	383.9	3,346	423.1	3,332	420.7	3,618	456.9	3,797	477.7
San Joaquin	2,099	354.9	2,348	385.8	2,408	384.2	2,618	404.7	2,787	419.5
San Luis Obispo	293	116.2	467	183.5	519	202.3	457	175.6	541	206.0
San Mateo	1,215	170.2	1,407	196.6	1,389	193.6	1,525	212.5	1,467	203.4
Santa Barbara	883	217.7	973	237.7	1,029	248.7	1,100	263.9	1,059	252.3
Santa Clara	4,107	240.3	4,360	253.4	4,681	270.2	5,545	318.0	5,265	299.0
Santa Cruz	574	222.7	526	203.7	581	224.8	573	220.8	589	226.0
Shasta	381	226.3	449	261.4	653	373.6	628	351.6	482	266.3
Sierra	5	138.3	2	55.5	-	-	-	-	2	56.9
Siskiyou	59	132.3	80	178.5	90	199.5	106	231.5	93	200.4
Solano	1,179	290.2	1,303	316.4	1,321	318.0	1,426	340.1	1,578	373.9
Sonoma	551	117.7	762	162.1	611	129.1	620	130.0	799	166.9
Stanislaus	1,267	271.6	1,292	269.6	1,568	319.9	1,820	363.9	1,968	385.2
Sutter	167	206.4	159	191.7	165	193.1	179	203.4	198	218.5
Tehama	88	155.3	116	201.6	116	197.7	151	250.5	140	228.1
Trinity	4	30.7	11	83.1	13	96.4	17	123.0	14	99.8
Tulare	1,464	389.1	1,543	401.2	1,759	445.6	1,722	423.5	1,897	454.6
Tuolumne	57	102.5	55	97.7	64	112.6	97	169.8	85	146.0
Ventura	1,235	159.5	1,482	188.1	1,530	191.3	1,552	192.0	1,555	190.7
Yolo	272	155.1	366	203.6	352	192.5	420	225.4	532	281.7
Yuba	165	267.5	203	321.8	211	327.5	202	305.7	221	322.1

<sup>1</sup> City Health Department numbers are included in their respective county totals.

Note: Rates are per 100,000 population.

Source: California Department of Health Services, STD Control Branch

Table 3. Chlamydia, Cases and Rates by Gender, Race/Ethnicity, and Age Group, California, 2005

Race & Age Group	Total		Female		Male		Gender Not Specified
	Cases	Rate	Cases	Rate	Cases	Rate	Cases
<b>Total</b>	<b>130,290</b>	<b>352.1</b>	<b>93,311</b>	<b>505.7</b>	<b>36,389</b>	<b>197.7</b>	<b>590</b>
Ages 0 - 9	43	0.8	31	1.2	12	0.5	0
10 - 14	1,329	47.4	1,183	86.6	141	9.8	5
15 - 19	37,920	1,364.9	30,766	2,280.8	6,999	489.7	155
20 - 24	46,475	1,749.8	34,048	2,703.9	12,273	878.6	154
25 - 29	22,178	881.6	14,803	1,230.3	7,271	554.0	104
30 - 34	10,151	376.8	6,341	483.2	3,752	271.5	58
35 - 44	8,604	150.8	4,476	159.6	4,078	140.6	50
45+	2,857	22.7	1,210	18.2	1,627	27.5	20
Not Specified	733	-	453	-	236	-	44
<b>Native American/Alaskan Native</b>	<b>425</b>	<b>143.1</b>	<b>327</b>	<b>215.4</b>	<b>96</b>	<b>66.1</b>	<b>2</b>
Ages 0 - 9	1	2.8	1	5.8	0	0.0	0
10 - 14	10	39.2	10	79.1	0	0.0	0
15 - 19	131	503.0	112	869.6	19	144.3	0
20 - 24	165	698.9	128	1,108.4	37	306.8	0
25 - 29	63	319.1	45	460.2	18	180.7	0
30 - 34	23	119.3	16	163.4	7	73.7	0
35 - 44	22	47.8	11	46.5	11	49.1	0
45+	7	6.9	3	5.5	4	8.5	0
Not Specified	3	-	1	-	0	-	2
<b>Asian/Pacific Islander</b>	<b>5,319</b>	<b>124.0</b>	<b>3,998</b>	<b>180.4</b>	<b>1,304</b>	<b>62.9</b>	<b>17</b>
Ages 0 - 9	1	0.2	0	0.0	1	0.4	0
10 - 14	21	7.6	19	14.2	2	1.4	0
15 - 19	1,020	347.0	876	617.3	141	92.8	3
20 - 24	2,026	649.4	1,582	1,037.8	438	274.5	6
25 - 29	953	314.8	695	456.1	255	169.6	3
30 - 34	532	152.8	349	194.6	182	107.8	1
35 - 44	525	73.7	346	93.3	178	52.2	1
45+	215	13.8	112	13.2	101	14.3	2
Not Specified	26	-	19	-	6	-	1
<b>African American/Black</b>	<b>19,182</b>	<b>780.8</b>	<b>12,700</b>	<b>1,018.0</b>	<b>6,444</b>	<b>532.9</b>	<b>38</b>
Ages 0 - 9	5	1.5	5	3.0	0	0.0	0
10 - 14	326	148.4	268	247.7	55	49.3	3
15 - 19	7,815	3,504.3	5,917	5,449.6	1,881	1,643.7	17
20 - 24	6,353	3,360.1	4,171	4,684.0	2,172	2,171.4	10
25 - 29	2,458	1,542.9	1,395	1,755.6	1,061	1,328.8	2
30 - 34	982	598.9	469	553.2	513	647.9	0
35 - 44	886	222.7	340	169.8	543	274.9	3
45+	303	39.5	102	24.7	200	56.4	1
Not Specified	54	-	33	-	19	-	2
<b>Hispanic/Latino</b>	<b>44,562</b>	<b>337.1</b>	<b>33,359</b>	<b>516.3</b>	<b>11,130</b>	<b>164.7</b>	<b>73</b>
Ages 0 - 9	11	0.4	9	0.7	2	0.2	0
10 - 14	428	32.7	384	60.0	44	6.6	0
15 - 19	12,363	1,035.5	10,095	1,741.8	2,242	365.0	26
20 - 24	16,485	1,426.9	12,380	2,306.3	4,090	661.3	15
25 - 29	8,285	696.3	5,839	1,068.6	2,429	377.5	17
30 - 34	3,699	311.4	2,522	450.0	1,168	186.2	9
35 - 44	2,531	124.0	1,645	168.0	883	83.2	3
45+	583	22.2	361	26.0	220	17.7	2
Not Specified	177	-	124	-	52	-	1
<b>White</b>	<b>17,842</b>	<b>112.5</b>	<b>12,483</b>	<b>156.1</b>	<b>5,323</b>	<b>67.8</b>	<b>36</b>
Ages 0 - 9	5	0.3	3	0.4	2	0.3	0
10 - 14	145	16.4	142	33.0	3	0.7	0
15 - 19	4,874	504.6	4,194	895.1	669	134.5	11
20 - 24	6,807	745.5	5,042	1,152.6	1,757	369.4	8
25 - 29	2,890	362.8	1,809	463.3	1,075	264.8	6
30 - 34	1,197	128.2	664	145.5	529	110.9	4
35 - 44	1,312	54.0	435	36.6	872	70.3	5
45+	508	6.9	120	3.1	386	11.0	2
Not Specified	104	-	74	-	30	-	0
<b>Other/Multi/Unknown</b>	<b>42,960</b>	<b>-</b>	<b>30,444</b>	<b>-</b>	<b>12,092</b>	<b>-</b>	<b>424</b>
Ages 0 - 9	20	-	13	-	7	-	0
10 - 14	399	-	360	-	37	-	2
15 - 19	11,717	-	9,572	-	2,047	-	98
20 - 24	14,639	-	10,745	-	3,779	-	115
25 - 29	7,529	-	5,020	-	2,433	-	76
30 - 34	3,718	-	2,321	-	1,353	-	44
35 - 44	3,328	-	1,699	-	1,591	-	38
45+	1,241	-	512	-	716	-	13
Not Specified	369	-	202	-	129	-	38

Note: Rates are per 100,000 population.

Source: California Department of Health Services, STD Control Branch

Table 4. Chlamydia, Cases and Rates for Females of Select Age Groups, California Counties and Selected City Health Jurisdictions, 2005

HEALTH JURISDICTION	Ages 15–19		Ages 15–24		Ages 15–44	
	Cases	Rate	Cases	Rate	Cases	Rate
<b>CALIFORNIA</b>	<b>30,766</b>	<b>2,280.8</b>	<b>64,814</b>	<b>2,485.1</b>	<b>90,434</b>	<b>1,140.6</b>
Alameda	1,634	3,354.4	2,908	2,907.0	3,879	1,070.0
— Berkeley <sup>1</sup>	76	1,830.1	157	1,286.0	194	680.0
Alpine	-	-	-	-	-	-
Amador	8	667.2	19	928.6	23	439.4
Butte	161	1,723.0	348	1,692.9	431	961.0
Calaveras	10	582.8	30	1,063.8	36	508.9
Colusa	5	554.3	15	842.2	23	530.9
Contra Costa	828	2,180.3	1,538	2,237.1	2,011	931.1
Del Norte	12	1,128.9	18	904.5	23	471.3
El Dorado	60	835.1	114	916.4	149	457.6
Fresno	1,232	3,190.3	2,626	3,470.7	3,535	1,820.3
Glenn	18	1,573.4	43	1,851.1	51	912.0
Humboldt	88	1,737.1	184	1,608.5	238	861.9
Imperial	103	1,367.1	226	1,668.0	322	979.8
Inyo	4	602.4	11	800.0	15	468.8
Kern	1,016	3,300.6	1,954	3,337.7	2,565	1,702.1
Kings	180	3,493.8	371	3,854.9	453	1,680.7
Lake	50	1,972.4	75	1,796.8	99	888.2
Lassen	11	1,000.0	23	1,073.3	30	574.6
Los Angeles	9,254	2,572.2	19,897	2,890.1	28,629	1,314.5
— Long Beach <sup>1</sup>	600	3,338.9	1,257	3,332.7	1,698	1,431.5
— Pasadena <sup>1</sup>	109	2,898.4	296	3,454.9	450	1,333.6
Madera	130	2,518.4	326	3,015.7	518	1,644.4
Marin	74	1,056.1	168	1,317.9	247	579.8
Mariposa	4	610.7	12	1,025.6	13	426.1
Mendocino	52	1,543.5	112	1,671.1	144	855.4
Merced	280	2,400.3	580	2,591.8	788	1,430.9
Modoc	1	271.0	5	702.2	9	540.9
Mono	1	256.4	5	659.6	7	272.9
Monterey	304	1,958.1	663	2,174.0	952	1,071.2
Napa	57	1,272.6	138	1,580.6	183	724.0
Nevada	42	1,088.1	69	943.7	83	450.5
Orange	1,678	1,572.9	4,148	1,998.0	6,320	941.9
Placer	128	1,098.5	263	1,317.5	338	571.4
Plumas	4	531.2	13	877.8	14	410.6
Riverside	1,212	1,563.3	2,631	1,851.0	3,604	917.8
Sacramento	1,951	3,716.7	3,644	3,583.3	4,817	1,541.4
San Benito	24	998.8	59	1,333.3	82	655.3
San Bernardino	2,065	2,358.1	4,161	2,581.3	5,449	1,221.7
San Diego	2,463	2,265.5	5,449	2,433.3	7,662	1,087.5
San Francisco	495	3,295.4	1,098	3,476.9	1,714	942.3
San Joaquin	787	2,769.6	1,449	2,686.0	1,924	1,337.4
San Luis Obispo	96	920.9	254	1,164.2	345	691.3
San Mateo	304	1,429.6	632	1,548.4	974	665.7
Santa Barbara	264	1,654.8	568	1,629.0	768	839.6
Santa Clara	1,079	1,989.3	2,422	2,285.0	3,538	971.4
Santa Cruz	122	1,260.1	295	1,479.5	404	724.4
Shasta	165	2,485.3	315	2,258.4	381	1,099.2
Sierra	1	900.9	1	409.8	1	170.6
Siskiyou	29	1,671.5	56	1,651.9	72	961.0
Solano	477	3,033.0	917	2,953.4	1,144	1,335.0
Sonoma	184	1,089.4	402	1,203.2	548	578.3
Stanislaus	498	2,270.6	1,104	2,614.3	1,460	1,302.7
Sutter	55	1,595.1	107	1,565.2	145	783.1
Tehama	35	1,511.2	85	1,829.1	103	908.0
Trinity	5	1,050.4	6	637.6	11	508.6
Tulare	491	2,710.0	1,012	2,898.1	1,418	1,601.8
Tuolumne	23	1,181.9	41	1,189.4	52	580.0
Ventura	319	1,034.2	778	1,422.1	1,138	683.7
Yolo	132	1,296.3	306	1,384.3	392	789.9
Yuba	61	2,226.3	120	2,313.9	160	1,174.1

<sup>1</sup> City Health Department numbers are included in their respective county totals.

Note: Rates are per 100,000 population. These age groupings are selected for comparison to other health outcomes for adolescents (15–19); Healthplan Employer Data and Information System (HEDIS) (15–25), with 15–24 as an approximation; and reproductive-age females (15–44).

Source: California Department of Health Services, STD Control Branch

**Table 5. Chlamydia Prevalence Monitoring, Number Tested and Percent Positive for Females Ages 15–19 Years and 20–24 Years, by Health Care Setting, California, 2005**

Health Care Setting	Number of Sites	Females Ages 15–19			Females Ages 20–24			Female Totals		
		Number Tested	Number Positive	Percent Positive	Number Tested	Number Positive	Percent Positive	Number Tested	Number Positive	Percent Positive
Managed Care Organization	47	39,730	1,804	4.5%	56,210	1,517	2.7%	184,607	4,454	2.4%
Family Planning Clinics	35	10,642	738	6.9%	14,389	764	5.3%	42,866	1,904	4.4%
College Sites	8	348	13	3.7%	988	53	5.4%	1,936	72	3.7%
Teen Clinics	3	1,073	54	5.0%	648	27	4.2%	1,814	86	4.7%
School-Based Sites	9	811	37	4.6%	58	0	0.0%	921	39	4.2%
Juvenile Detention	25	10,995	1,568	14.3%	29	3	10.3%	12,589	1,753	13.9%
STD Clinics	20	2,705	675	25.0%	5,260	810	15.4%	18,677	2,121	11.4%

Source: California Department of Health Services, STD Control Branch; Los Angeles Infertility Prevention Project; and San Francisco Infertility Prevention Project

**Table 6. Chlamydia Prevalence Monitoring, Self-Reported Symptoms among Chlamydia Cases at Family Planning and STD Clinics, California, 2005**

Symptom Status	Family Planning Females		STD Females*		STD Males*	
	Number	Percent of All Positives	Number	Percent of All Positives	Number	Percent of All Positives
All Positives	1,904		561		1,368	
Symptomatic	350	18.4%	168	29.9%	293	21.4%
Asymptomatic	1,446	75.9%	273	48.7%	867	63.4%
Unknown Symptom Status	108	5.7%	120	21.4%	208	15.2%

\* Excludes supplemental data from Los Angeles STD clinics, as symptom data was not collected.

Source: California Department of Health Services, STD Control Branch; Los Angeles Infertility Prevention Project; and San Francisco Infertility Prevention Project

Table 7. Chlamydia Prevalence Monitoring, Percent Positive for Family Planning Clinics\*, by Gender, Race/Ethnicity, and Age Group, California, 2005

Race & Age Group	Total			Female			Male		
	# Tested	# Positive	Percent Positive	# Tested	# Positive	Percent Positive	# Tested	# Positive	Percent Positive
<b>Total</b>	<b>50,769</b>	<b>2,644</b>	<b>5.2%</b>	<b>42,866</b>	<b>1,904</b>	<b>4.4%</b>	<b>7,903</b>	<b>740</b>	<b>9.4%</b>
Ages 0 - 9	10	0	0.0%	6	0	0.0%	4	0	0.0%
10 - 14	385	23	6.0%	351	23	6.6%	34	0	0.0%
15 - 19	12,078	886	7.3%	10,642	738	6.9%	1,436	148	10.3%
20 - 24	16,839	1,103	6.6%	14,389	764	5.3%	2,450	339	13.8%
25 - 29	8,953	365	4.1%	7,490	219	2.9%	1,463	146	10.0%
30 - 34	4,960	144	2.9%	4,092	82	2.0%	868	62	7.1%
35+	7,527	123	1.6%	5,881	78	1.3%	1,646	45	2.7%
Not Specified	17	0	0.0%	15	0	0.0%	2	0	0.0%
<b>Native American/Alaskan Native</b>	<b>267</b>	<b>9</b>	<b>3.4%</b>	<b>221</b>	<b>7</b>	<b>3.2%</b>	<b>46</b>	<b>2</b>	<b>4.3%</b>
Ages 0 - 9	0	0	0.0%	0	0	0.0%	0	0	0.0%
10 - 14	6	0	0.0%	6	0	0.0%	0	0	0.0%
15 - 19	79	4	5.1%	71	3	4.2%	8	1	12.5%
20 - 24	83	4	4.8%	67	4	6.0%	16	0	0.0%
25 - 29	52	0	0.0%	46	0	0.0%	6	0	0.0%
30 - 34	21	1	4.8%	13	0	0.0%	8	1	12.5%
35+	26	0	0.0%	18	0	0.0%	8	0	0.0%
Not Specified	0	0	0.0%	0	0	0.0%	0	0	0.0%
<b>Asian/Pacific Islander</b>	<b>2,938</b>	<b>156</b>	<b>5.3%</b>	<b>2,665</b>	<b>133</b>	<b>5.0%</b>	<b>273</b>	<b>23</b>	<b>8.4%</b>
Ages 0 - 9	1	0	0.0%	0	0	0.0%	1	0	0.0%
10 - 14	9	0	0.0%	9	0	0.0%	0	0	0.0%
15 - 19	558	38	6.8%	516	36	7.0%	42	2	4.8%
20 - 24	982	71	7.2%	894	57	6.4%	88	14	15.9%
25 - 29	427	15	3.5%	368	11	3.0%	59	4	6.8%
30 - 34	242	8	3.3%	210	7	3.3%	32	1	3.1%
35+	719	24	3.3%	668	22	3.3%	51	2	3.9%
Not Specified	0	0	0.0%	0	0	0.0%	0	0	0.0%
<b>African American/Black</b>	<b>7,318</b>	<b>724</b>	<b>9.9%</b>	<b>5,794</b>	<b>466</b>	<b>8.0%</b>	<b>1,524</b>	<b>258</b>	<b>16.9%</b>
Ages 0 - 9	2	0	0.0%	1	0	0.0%	1	0	0.0%
10 - 14	74	10	13.5%	65	10	15.4%	9	0	0.0%
15 - 19	1,829	274	15.0%	1,537	218	14.2%	292	56	19.2%
20 - 24	2,265	283	12.5%	1,834	175	9.5%	431	108	25.1%
25 - 29	1,314	91	6.9%	1,025	38	3.7%	289	53	18.3%
30 - 34	711	41	5.8%	534	18	3.4%	177	23	13.0%
35+	1,123	25	2.2%	798	7	0.9%	325	18	5.5%
Not Specified	0	0	0.0%	0	0	0.0%	0	0	0.0%
<b>Hispanic/Latino</b>	<b>21,105</b>	<b>988</b>	<b>4.7%</b>	<b>17,886</b>	<b>701</b>	<b>3.9%</b>	<b>3,219</b>	<b>287</b>	<b>8.9%</b>
Ages 0 - 9	4	0	0.0%	2	0	0.0%	2	0	0.0%
10 - 14	129	6	4.7%	114	6	5.3%	15	0	0.0%
15 - 19	4,602	311	6.8%	3,983	250	6.3%	619	61	9.9%
20 - 24	6,833	422	6.2%	5,824	281	4.8%	1,009	141	14.0%
25 - 29	3,830	145	3.8%	3,252	95	2.9%	578	50	8.7%
30 - 34	2,430	60	2.5%	2,067	36	1.7%	363	24	6.6%
35+	3,271	44	1.3%	2,638	33	1.3%	633	11	1.7%
Not Specified	6	0	0.0%	6	0	0.0%	0	0	0.0%
<b>White</b>	<b>13,895</b>	<b>539</b>	<b>3.9%</b>	<b>11,722</b>	<b>419</b>	<b>3.6%</b>	<b>2,173</b>	<b>120</b>	<b>5.5%</b>
Ages 0 - 9	2	0	0.0%	2	0	0.0%	0	0	0.0%
10 - 14	141	6	4.3%	134	6	4.5%	7	0	0.0%
15 - 19	4,145	209	5.0%	3,754	187	5.0%	391	22	5.6%
20 - 24	4,991	217	4.3%	4,261	160	3.8%	730	57	7.8%
25 - 29	2,217	69	3.1%	1,809	47	2.6%	408	22	5.4%
30 - 34	937	18	1.9%	734	10	1.4%	203	8	3.9%
35+	1,462	20	1.4%	1,028	9	0.9%	434	11	2.5%
Not Specified	0	0	0.0%	0	0	0.0%	0	0	0.0%
<b>Other/Mixed/Unknown</b>	<b>5,246</b>	<b>228</b>	<b>4.3%</b>	<b>4,578</b>	<b>178</b>	<b>3.9%</b>	<b>668</b>	<b>50</b>	<b>7.5%</b>
Ages 0 - 9	1	0	0.0%	1	0	0.0%	0	0	0.0%
10 - 14	26	1	3.8%	23	1	4.3%	3	0	0.0%
15 - 19	865	50	5.8%	781	44	5.6%	84	6	7.1%
20 - 24	1,685	106	6.3%	1,509	87	5.8%	176	19	10.8%
25 - 29	1,113	45	4.0%	990	28	2.8%	123	17	13.8%
30 - 34	619	16	2.6%	534	11	2.1%	85	5	5.9%
35+	926	10	1.1%	731	7	1.0%	195	3	1.5%
Not Specified	11	0	0.0%	9	0	0.0%	2	0	0.0%

\* Includes data for 20 agencies (35 clinic sites).

Source: California Department of Health Services, STD Control Branch; Los Angeles Infertility Prevention Project; and San Francisco Infertility Prevention Project

Table 8. Chlamydia Prevalence Monitoring, Percent Positive for STD Clinics\*, by Gender, Race/Ethnicity, and Age Group, California, 2005

Race & Age Group	Total			Female			Male		
	# Tested	# Positive	Percent Positive	# Tested	# Positive	Percent Positive	# Tested	# Positive	Percent Positive
<b>Total</b>	<b>57,088</b>	<b>5,950</b>	<b>10.4%</b>	<b>18,677</b>	<b>2,121</b>	<b>11.4%</b>	<b>38,411</b>	<b>3,829</b>	<b>10.0%</b>
Ages									
0 - 9	16	0	0.0%	3	0	0.0%	13	0	0.0%
10 - 14	120	27	22.5%	85	21	24.7%	35	6	17.1%
15 - 19	4,898	1,132	23.1%	2,705	675	25.0%	2,193	457	20.8%
20 - 24	12,941	2,042	15.8%	5,260	810	15.4%	7,681	1,232	16.0%
25 - 29	11,578	1,216	10.5%	3,570	351	9.8%	8,008	865	10.8%
30 - 34	8,048	600	7.5%	2,075	121	5.8%	5,973	479	8.0%
35+	19,482	933	4.8%	4,977	143	2.9%	14,505	790	5.4%
Not Specified	5	0	0.0%	2	0	0.0%	3	0	0.0%
<b>Native American/Alaskan Native</b>	<b>106</b>	<b>13</b>	<b>12.3%</b>	<b>37</b>	<b>5</b>	<b>13.5%</b>	<b>69</b>	<b>8</b>	<b>11.6%</b>
Ages									
0 - 9	0	0	0.0%	0	0	0.0%	0	0	0.0%
10 - 14	0	0	0.0%	0	0	0.0%	0	0	0.0%
15 - 19	10	2	20.0%	8	1	12.5%	2	1	50.0%
20 - 24	19	3	15.8%	9	2	22.2%	10	1	10.0%
25 - 29	23	4	17.4%	4	1	25.0%	19	3	15.8%
30 - 34	20	1	5.0%	7	1	14.3%	13	0	0.0%
35+	34	3	8.8%	9	0	0.0%	25	3	12.0%
Not Specified	0	0	0.0%	0	0	0.0%	0	0	0.0%
<b>Asian/Pacific Islander</b>	<b>3,342</b>	<b>284</b>	<b>8.5%</b>	<b>1,245</b>	<b>117</b>	<b>9.4%</b>	<b>2,097</b>	<b>167</b>	<b>8.0%</b>
Ages									
0 - 9	1	0	0.0%	0	0	0.0%	1	0	0.0%
10 - 14	0	0	0.0%	0	0	0.0%	0	0	0.0%
15 - 19	192	22	11.5%	140	18	12.9%	52	4	7.7%
20 - 24	876	85	9.7%	414	43	10.4%	462	42	9.1%
25 - 29	888	68	7.7%	337	33	9.8%	551	35	6.4%
30 - 34	569	48	8.4%	162	13	8.0%	407	35	8.6%
35+	816	61	7.5%	192	10	5.2%	624	51	8.2%
Not Specified	0	0	0.0%	0	0	0.0%	0	0	0.0%
<b>African American/Black</b>	<b>17,885</b>	<b>2,438</b>	<b>13.6%</b>	<b>7,044</b>	<b>815</b>	<b>11.6%</b>	<b>10,841</b>	<b>1,623</b>	<b>15.0%</b>
Ages									
0 - 9	0	0	0.0%	0	0	0.0%	0	0	0.0%
10 - 14	40	12	30.0%	23	6	26.1%	17	6	35.3%
15 - 19	1,738	528	30.4%	1,027	283	27.6%	711	245	34.5%
20 - 24	4,043	836	20.7%	2,014	324	16.1%	2,029	512	25.2%
25 - 29	3,199	481	15.0%	1,224	116	9.5%	1,975	365	18.5%
30 - 34	2,320	242	10.4%	749	46	6.1%	1,571	196	12.5%
35+	6,545	339	5.2%	2,007	40	2.0%	4,538	299	6.6%
Not Specified	0	0	0.0%	0	0	0.0%	0	0	0.0%
<b>Hispanic/Latino</b>	<b>12,534</b>	<b>1,434</b>	<b>11.4%</b>	<b>4,239</b>	<b>606</b>	<b>14.3%</b>	<b>8,295</b>	<b>828</b>	<b>10.0%</b>
Ages									
0 - 9	2	0	0.0%	0	0	0.0%	2	0	0.0%
10 - 14	48	6	12.5%	36	6	16.7%	12	0	0.0%
15 - 19	1,496	341	22.8%	760	205	27.0%	736	136	18.5%
20 - 24	2,962	502	16.9%	1,084	222	20.5%	1,878	280	14.9%
25 - 29	2,545	299	11.7%	742	104	14.0%	1,803	195	10.8%
30 - 34	1,797	139	7.7%	466	32	6.9%	1,331	107	8.0%
35+	3,682	147	4.0%	1,150	37	3.2%	2,532	110	4.3%
Not Specified	2	0	0.0%	1	0	0.0%	1	0	0.0%
<b>White</b>	<b>14,706</b>	<b>856</b>	<b>5.8%</b>	<b>3,277</b>	<b>204</b>	<b>6.2%</b>	<b>11,429</b>	<b>652</b>	<b>5.7%</b>
Ages									
0 - 9	13	0	0.0%	3	0	0.0%	10	0	0.0%
10 - 14	17	3	17.6%	14	3	21.4%	3	0	0.0%
15 - 19	726	80	11.0%	351	57	16.2%	375	23	6.1%
20 - 24	2,830	228	8.1%	905	71	7.8%	1,925	157	8.2%
25 - 29	3,080	186	6.0%	774	37	4.8%	2,306	149	6.5%
30 - 34	2,074	94	4.5%	369	16	4.3%	1,705	78	4.6%
35+	5,965	265	4.4%	861	20	2.3%	5,104	245	4.8%
Not Specified	1	0	0.0%	0	0	0.0%	1	0	0.0%
<b>Other/Mixed/Unknown</b>	<b>8,515</b>	<b>925</b>	<b>10.9%</b>	<b>2,835</b>	<b>374</b>	<b>13.2%</b>	<b>5,680</b>	<b>551</b>	<b>9.7%</b>
Ages									
0 - 9	0	0	0.0%	0	0	0.0%	0	0	0.0%
10 - 14	15	6	40.0%	12	6	50.0%	3	0	0.0%
15 - 19	736	159	21.6%	419	111	26.5%	317	48	15.1%
20 - 24	2,211	388	17.5%	834	148	17.7%	1,377	240	17.4%
25 - 29	1,843	178	9.7%	489	60	12.3%	1,354	118	8.7%
30 - 34	1,268	76	6.0%	322	13	4.0%	946	63	6.7%
35+	2,440	118	4.8%	758	36	4.7%	1,682	82	4.9%
Not Specified	2	0	0.0%	1	0	0.0%	1	0	0.0%

\* Includes data for 4 agencies (20 clinic sites).

Source: California Department of Health Services, STD Control Branch; Los Angeles Infertility Prevention Project; and San Francisco Infertility Prevention Project

Table 9. Chlamydia Prevalence Monitoring, Percent Positive for Juvenile Hall Facilities\*, by Gender, Race/Ethnicity, and Age Group, California, 2005

Race & Age Group	Total			Female			Male		
	# Tested	# Positive	Percent Positive	# Tested	# Positive	Percent Positive	# Tested	# Positive	Percent Positive
<b>Total</b>	<b>41,633</b>	<b>3,260</b>	<b>7.8%</b>	<b>12,589</b>	<b>1,753</b>	<b>13.9%</b>	<b>29,044</b>	<b>1,507</b>	<b>5.2%</b>
Ages									
0 - 9	2	0	0.0%	0	0	0.0%	2	0	0.0%
10 - 14	4,499	224	5.0%	1,547	180	11.6%	2,952	44	1.5%
15 - 16	16,672	1,239	7.4%	5,563	808	14.5%	11,109	431	3.9%
17 - 19	20,331	1,788	8.8%	5,432	760	14.0%	14,899	1,028	6.9%
20+	105	8	7.6%	35	4	11.4%	70	4	5.7%
Not Specified	24	1	4.2%	12	1	8.3%	12	0	0.0%
<b>Native American/Alaskan Native</b>	<b>204</b>	<b>14</b>	<b>6.9%</b>	<b>92</b>	<b>10</b>	<b>10.9%</b>	<b>112</b>	<b>4</b>	<b>3.6%</b>
Ages									
0 - 9	0	0	0.0%	0	0	0.0%	0	0	0.0%
10 - 14	26	5	19.2%	16	5	31.3%	10	0	0.0%
15 - 16	71	3	4.2%	33	3	9.1%	38	0	0.0%
17 - 19	107	6	5.6%	43	2	4.7%	64	4	6.3%
20+	0	0	0.0%	0	0	0.0%	0	0	0.0%
Not Specified	0	0	0.0%	0	0	0.0%	0	0	0.0%
<b>Asian/Pacific Islander</b>	<b>1,136</b>	<b>70</b>	<b>6.2%</b>	<b>326</b>	<b>45</b>	<b>13.8%</b>	<b>810</b>	<b>25</b>	<b>3.1%</b>
Ages									
0 - 9	0	0	0.0%	0	0	0.0%	0	0	0.0%
10 - 14	125	4	3.2%	42	3	7.1%	83	1	1.2%
15 - 16	431	28	6.5%	141	24	17.0%	290	4	1.4%
17 - 19	578	38	6.6%	142	18	12.7%	436	20	4.6%
20+	2	0	0.0%	1	0	0.0%	1	0	0.0%
Not Specified	0	0	0.0%	0	0	0.0%	0	0	0.0%
<b>African American/Black</b>	<b>9,773</b>	<b>1,194</b>	<b>12.2%</b>	<b>2,921</b>	<b>545</b>	<b>18.7%</b>	<b>6,852</b>	<b>649</b>	<b>9.5%</b>
Ages									
0 - 9	0	0	0.0%	0	0	0.0%	0	0	0.0%
10 - 14	1,245	78	6.3%	389	58	14.9%	856	20	2.3%
15 - 16	4,066	447	11.0%	1,284	242	18.8%	2,782	205	7.4%
17 - 19	4,438	668	15.1%	1,241	245	19.7%	3,197	423	13.2%
20+	15	1	6.7%	3	0	0.0%	12	1	8.3%
Not Specified	9	0	0.0%	4	0	0.0%	5	0	0.0%
<b>Hispanic/Latino</b>	<b>19,052</b>	<b>1,170</b>	<b>6.1%</b>	<b>4,735</b>	<b>614</b>	<b>13.0%</b>	<b>14,317</b>	<b>556</b>	<b>3.9%</b>
Ages									
0 - 9	0	0	0.0%	0	0	0.0%	0	0	0.0%
10 - 14	1,974	85	4.3%	646	69	10.7%	1,328	16	1.2%
15 - 16	7,506	434	5.8%	2,137	285	13.3%	5,369	149	2.8%
17 - 19	9,529	650	6.8%	1,936	259	13.4%	7,593	391	5.1%
20+	34	1	2.9%	10	1	10.0%	24	0	0.0%
Not Specified	9	0	0.0%	6	0	0.0%	3	0	0.0%
<b>White</b>	<b>6,560</b>	<b>366</b>	<b>5.6%</b>	<b>2,743</b>	<b>269</b>	<b>9.8%</b>	<b>3,817</b>	<b>97</b>	<b>2.5%</b>
Ages									
0 - 9	1	0	0.0%	0	0	0.0%	1	0	0.0%
10 - 14	564	27	4.8%	267	27	10.1%	297	0	0.0%
15 - 16	2,557	126	4.9%	1,175	104	8.9%	1,382	22	1.6%
17 - 19	3,421	212	6.2%	1,293	137	10.6%	2,128	75	3.5%
20+	12	0	0.0%	6	0	0.0%	6	0	0.0%
Not Specified	5	1	20.0%	2	1	50.0%	3	0	0.0%
<b>Other/Mixed/Unknown</b>	<b>4,908</b>	<b>446</b>	<b>9.1%</b>	<b>1,772</b>	<b>270</b>	<b>15.2%</b>	<b>3,136</b>	<b>176</b>	<b>5.6%</b>
Ages									
0 - 9	1	0	0.0%	0	0	0.0%	1	0	0.0%
10 - 14	565	25	4.4%	187	18	9.6%	378	7	1.9%
15 - 16	2,041	201	9.8%	793	150	18.9%	1,248	51	4.1%
17 - 19	2,258	214	9.5%	777	99	12.7%	1,481	115	7.8%
20+	42	6	14.3%	15	3	20.0%	27	3	11.1%
Not Specified	1	0	0.0%	0	0	0.0%	1	0	0.0%

\* Includes data for 25 facilities.

Source: California Department of Health Services, STD Control Branch

**Table 10. Chlamydia Prevalence Monitoring, Number Tested and Percent Positive in a Northern California Managed Care Organization, by Age Group and Gender, 2005**

Age Group	Total			Females			Males		
	Number Tested	Number Positive	Percent Positive	Number Tested	Number Positive	Percent Positive	Number Tested	Number Positive	Percent Positive
0- 9	0	0	0.0%	0	0	0.0%	0	0	0.0%
10-14	3,211	97	3.0%	2,529	89	3.5%	682	8	1.2%
15-19	46,657	2,117	4.5%	39,730	1,804	4.5%	6,927	313	4.5%
20-24	61,483	2,018	3.3%	56,210	1,517	2.7%	5,273	501	9.5%
25-29	41,270	890	2.2%	36,884	602	1.6%	4,386	288	6.6%
30-34	22,816	390	1.7%	19,348	227	1.2%	3,468	163	4.7%
35+	40,039	602	1.5%	29,906	215	0.7%	10,133	387	3.8%
<b>Total</b>	<b>215,476</b>	<b>6,114</b>	<b>2.8%</b>	<b>184,607</b>	<b>4,454</b>	<b>2.4%</b>	<b>30,869</b>	<b>1,660</b>	<b>5.4%</b>

Source: California Department of Health Services, STD Control Branch

Table 11. Gonorrhea, Cases and Rates, California Counties and Selected City Health Jurisdictions, 2001–2005

COUNTY	2001		2002		2003		2004		2005	
	Cases	Rate								
<b>CALIFORNIA</b>	<b>23,262</b>	<b>66.9</b>	<b>24,618</b>	<b>69.6</b>	<b>25,725</b>	<b>71.5</b>	<b>30,190</b>	<b>82.7</b>	<b>34,259</b>	<b>92.6</b>
Alameda	2,134	144.4	2,051	137.8	1,674	112.1	1,823	121.8	2,132	141.8
— Berkeley <sup>1</sup>	105	100.6	113	108.0	110	105.4	131	125.7	147	140.9
Alpine	-	-	-	-	-	-	-	-	-	-
Amador	2	5.6	1	2.7	1	2.7	10	26.6	9	23.5
Butte	29	14.1	21	10.1	147	69.6	145	67.7	112	51.8
Calaveras	2	4.8	3	7.1	5	11.5	12	26.9	14	30.6
Colusa	5	26.0	1	5.1	5	24.9	6	29.0	3	14.1
Contra Costa	679	69.5	645	65.2	584	58.2	736	72.6	823	80.2
Del Norte	2	7.2	1	3.6	1	3.5	3	10.3	2	6.8
El Dorado	6	3.7	16	9.7	18	10.7	14	8.2	31	17.7
Fresno	785	95.7	1,078	128.7	1,133	132.1	1,144	130.6	1,300	145.7
Glenn	1	3.7	1	3.7	1	3.6	3	10.7	6	21.0
Humboldt	28	22.0	20	15.5	41	31.6	51	38.7	26	19.6
Imperial	43	29.4	62	41.3	41	26.5	43	27.0	68	41.4
Inyo	1	5.5	1	5.4	1	5.4	4	21.5	6	32.3
Kern	837	122.7	815	116.5	769	106.7	955	128.0	1,225	159.0
Kings	44	33.2	55	40.7	73	52.4	120	83.4	125	85.3
Lake	4	6.6	1	1.6	2	3.2	1	1.6	33	51.4
Lassen	2	5.9	2	5.9	4	11.6	9	25.5	14	39.2
Los Angeles	8,449	86.7	8,422	85.0	8,751	87.1	10,370	102.4	11,308	110.6
— Long Beach <sup>1</sup>	638	135.3	565	118.4	615	127.0	611	125.1	653	132.9
— Pasadena <sup>1</sup>	52	38.0	57	40.7	44	30.7	42	29.1	169	115.7
Madera	33	26.0	54	41.6	79	58.7	181	130.5	128	89.6
Marin	73	29.2	48	19.2	55	21.9	55	21.9	62	24.6
Mariposa	2	11.6	6	34.5	1	5.6	2	11.1	8	43.8
Mendocino	11	12.6	12	13.6	22	24.7	16	17.7	15	16.6
Merced	59	27.1	71	31.6	141	61.0	212	88.9	263	107.6
Modoc	1	10.5	-	-	-	-	-	-	4	40.8
Mono	1	7.6	-	-	-	-	1	7.4	3	22.2
Monterey	84	20.5	112	26.9	183	43.4	220	51.9	187	44.0
Napa	16	12.6	7	5.4	10	7.6	21	15.9	34	25.5
Nevada	7	7.4	2	2.1	6	6.2	11	11.1	10	10.0
Orange	664	22.8	686	23.2	920	30.6	761	25.1	1,390	45.4
Placer	22	8.3	28	10.1	57	19.6	54	17.8	75	23.9
Plumas	1	4.8	-	-	5	23.8	2	9.4	1	4.6
Riverside	637	39.3	731	43.3	702	39.7	712	38.5	898	46.5
Sacramento	1,167	91.8	1,442	110.7	1,714	128.6	1,933	142.4	2,258	163.7
San Benito	3	5.4	14	24.9	14	24.6	46	80.4	52	90.1
San Bernardino	1,277	72.1	1,514	83.4	1,810	96.8	1,919	99.6	2,114	106.9
San Diego	1,860	64.3	2,131	72.2	1,978	66.0	2,375	78.4	2,634	86.2
San Francisco	2,040	259.3	2,136	270.1	1,809	228.4	2,142	270.5	2,463	309.9
San Joaquin	522	88.3	644	105.8	629	100.4	829	128.1	749	112.7
San Luis Obispo	21	8.3	30	11.8	60	23.4	33	12.7	48	18.3
San Mateo	238	33.3	180	25.2	220	30.7	248	34.6	245	34.0
Santa Barbara	87	21.5	71	17.3	76	18.4	76	18.2	115	27.4
Santa Clara	546	31.9	502	29.2	726	41.9	1,038	59.5	1,003	57.0
Santa Cruz	47	18.2	32	12.4	64	24.8	76	29.3	113	43.4
Shasta	14	8.3	42	24.5	41	23.5	70	39.2	45	24.9
Sierra	-	-	-	-	-	-	-	-	1	28.5
Siskiyou	6	13.5	3	6.7	5	11.1	7	15.3	7	15.1
Solano	221	54.4	273	66.3	254	61.1	297	70.8	406	96.2
Sonoma	40	8.5	85	18.1	109	23.0	154	32.3	145	30.3
Stanislaus	204	43.7	160	33.4	292	59.6	529	105.8	654	128.0
Sutter	20	24.7	30	36.2	47	55.0	62	70.4	81	89.4
Tehama	2	3.5	2	3.5	2	3.4	13	21.6	19	31.0
Trinity	1	7.7	1	7.6	-	-	3	21.7	-	-
Tulare	94	25.0	147	38.2	199	50.4	392	96.4	420	100.7
Tuolumne	1	1.8	2	3.6	7	12.3	10	17.5	10	17.2
Ventura	139	18.0	169	21.5	149	18.6	135	16.7	215	26.4
Yolo	37	21.1	28	15.6	40	21.9	43	23.1	65	34.4
Yuba	11	17.8	27	42.8	48	74.5	63	95.3	82	119.5

<sup>1</sup> City Health Department numbers are included in their respective county totals.

Note: Rates are per 100,000 population.

Source: California Department of Health Services, STD Control Branch

Table 12. Gonorrhea, Cases and Rates by Gender, Race/Ethnicity, and Age Group, California, 2005

Race & Age Group	Total		Female		Male		Gender Not Specified
	Cases	Rate	Cases	Rate	Cases	Rate	Cases
<b>Total</b>	<b>34,259</b>	<b>92.6</b>	<b>15,790</b>	<b>85.6</b>	<b>18,311</b>	<b>99.5</b>	<b>158</b>
Ages 0 - 9	11	0.2	8	0.3	3	0.1	0
10 - 14	350	12.5	285	20.9	65	4.5	0
15 - 19	7,283	262.1	5,066	375.6	2,197	153.7	20
20 - 24	9,547	359.5	5,045	400.7	4,461	319.4	41
25 - 29	6,049	240.5	2,490	206.9	3,539	269.7	20
30 - 34	3,649	135.4	1,188	90.5	2,441	176.7	20
35 - 44	5,042	88.4	1,243	44.3	3,775	130.2	24
45+	2,124	16.9	390	5.9	1,729	29.2	5
Not Specified	204	-	75	-	101	-	28
<b>Native American/Alaskan Native</b>	<b>134</b>	<b>45.1</b>	<b>73</b>	<b>48.1</b>	<b>59</b>	<b>40.6</b>	<b>2</b>
Ages 0 - 9	0	0.0	0	0.0	0	0.0	0
10 - 14	0	0.0	0	0.0	0	0.0	0
15 - 19	23	88.3	17	132.0	6	45.6	0
20 - 24	45	190.6	27	233.8	18	149.2	0
25 - 29	24	121.6	14	143.2	10	100.4	0
30 - 34	12	62.2	7	71.5	5	52.7	0
35 - 44	22	47.8	6	25.4	15	67.0	1
45+	7	6.9	2	3.7	5	10.6	0
Not Specified	1	-	0	-	0	-	1
<b>Asian/Pacific Islander</b>	<b>819</b>	<b>19.1</b>	<b>388</b>	<b>17.5</b>	<b>429</b>	<b>20.7</b>	<b>2</b>
Ages 0 - 9	0	0.0	0	0.0	0	0.0	0
10 - 14	3	1.1	3	2.2	0	0.0	0
15 - 19	112	38.1	84	59.2	28	18.4	0
20 - 24	245	78.5	132	86.6	113	70.8	0
25 - 29	165	54.5	79	51.8	86	57.2	0
30 - 34	111	31.9	27	15.1	84	49.8	0
35 - 44	129	18.1	43	11.6	84	24.6	2
45+	53	3.4	20	2.4	33	4.7	0
Not Specified	1	-	0	-	1	-	0
<b>African American/Black</b>	<b>8,760</b>	<b>356.6</b>	<b>4,207</b>	<b>337.2</b>	<b>4,538</b>	<b>375.3</b>	<b>15</b>
Ages 0 - 9	1	0.3	1	0.6	0	0.0	0
10 - 14	129	58.7	98	90.6	31	27.8	0
15 - 19	2,682	1,202.6	1,785	1,644.0	893	780.4	4
20 - 24	2,522	1,333.9	1,310	1,471.1	1,209	1,208.7	3
25 - 29	1,385	869.4	544	684.6	838	1,049.5	3
30 - 34	707	431.2	213	251.2	492	621.4	2
35 - 44	899	226.0	193	96.4	705	356.9	1
45+	416	54.2	55	13.3	359	101.2	2
Not Specified	19	-	8	-	11	-	0
<b>Hispanic/Latino</b>	<b>7,285</b>	<b>55.1</b>	<b>3,528</b>	<b>54.6</b>	<b>3,736</b>	<b>55.3</b>	<b>21</b>
Ages 0 - 9	5	0.2	3	0.2	2	0.2	0
10 - 14	63	4.8	52	8.1	11	1.6	0
15 - 19	1,427	119.5	978	168.7	445	72.4	4
20 - 24	2,311	200.0	1,183	220.4	1,119	180.9	9
25 - 29	1,492	125.4	626	114.6	864	134.3	2
30 - 34	875	73.7	344	61.4	528	84.2	3
35 - 44	847	41.5	255	26.0	591	55.7	1
45+	243	9.3	77	5.6	165	13.3	1
Not Specified	22	-	10	-	11	-	1
<b>White</b>	<b>6,061</b>	<b>38.2</b>	<b>2,315</b>	<b>28.9</b>	<b>3,735</b>	<b>47.6</b>	<b>11</b>
Ages 0 - 9	2	0.1	1	0.1	1	0.1	0
10 - 14	37	4.2	34	7.9	3	0.7	0
15 - 19	793	82.1	588	125.5	205	41.2	0
20 - 24	1,408	154.2	760	173.7	646	135.8	2
25 - 29	1,003	125.9	390	99.9	611	150.5	2
30 - 34	758	81.2	188	41.2	566	118.7	4
35 - 44	1,405	57.8	258	21.7	1,145	92.4	2
45+	631	8.6	84	2.2	546	15.6	1
Not Specified	24	-	12	-	12	-	0
<b>Other/Multi/Unknown</b>	<b>11,200</b>	<b>-</b>	<b>5,279</b>	<b>-</b>	<b>5,814</b>	<b>-</b>	<b>107</b>
Ages 0 - 9	3	-	3	-	0	-	0
10 - 14	118	-	98	-	20	-	0
15 - 19	2,246	-	1,614	-	620	-	12
20 - 24	3,016	-	1,633	-	1,356	-	27
25 - 29	1,980	-	837	-	1,130	-	13
30 - 34	1,186	-	409	-	766	-	11
35 - 44	1,740	-	488	-	1,235	-	17
45+	774	-	152	-	621	-	1
Not Specified	137	-	45	-	66	-	26

Note: Rates are per 100,000 population.

Source: California Department of Health Services, STD Control Branch

Table 13. Gonorrhea, Cases and Rates for Select Age Groups, by Gender, California Counties and Selected City Health Jurisdictions, 2005

COUNTY	Ages 15–24				Ages 25–64			
	Females		Males		Females		Males	
	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate
<b>CALIFORNIA</b>	<b>10,111</b>	<b>387.7</b>	<b>6,658</b>	<b>235.6</b>	<b>5,303</b>	<b>54.9</b>	<b>11,408</b>	<b>116.7</b>
Alameda	783	782.7	419	396.3	284	63.0	595	137.1
— Berkeley <sup>1</sup>	36	294.9	33	259.4	17	59.8	60	214.3
Alpine	-	-	-	-	-	-	-	-
Amador	4	195.5	1	28.7	1	11.3	3	26.6
Butte	38	184.9	22	102.8	22	41.6	27	52.8
Calaveras	6	212.8	1	30.5	4	33.2	3	26.3
Colusa	-	-	1	48.1	1	20.6	1	19.6
Contra Costa	342	497.5	133	181.4	128	44.5	186	68.1
Del Norte	1	50.3	-	-	1	15.5	-	-
El Dorado	4	32.2	5	37.6	9	19.0	11	23.7
Fresno	424	560.4	273	331.2	261	125.2	314	142.4
Glenn	4	172.2	-	-	1	15.6	-	-
Humboldt	8	69.9	5	43.0	5	14.6	7	20.3
Imperial	31	228.8	5	33.3	7	19.5	21	49.5
Inyo	-	-	2	139.9	1	22.0	1	22.6
Kern	411	702.0	273	410.8	239	140.3	271	146.2
Kings	49	509.1	29	205.8	12	40.2	34	74.8
Lake	5	119.8	8	179.9	10	60.9	10	63.5
Lassen	4	186.7	5	112.7	-	-	4	28.0
Los Angeles	3,352	486.9	2,235	307.9	1,639	61.6	3,869	144.9
— Long Beach <sup>1</sup>	198	525.0	111	308.5	94	74.8	246	197.7
— Pasadena <sup>1</sup>	45	525.2	32	327.8	23	55.9	66	165.3
Madera	43	397.8	10	86.5	56	154.6	19	61.9
Marin	12	94.1	14	91.9	7	9.6	29	39.7
Mariposa	3	256.4	-	-	3	64.0	2	40.0
Mendocino	5	74.6	2	27.5	7	29.8	1	4.2
Merced	87	388.8	44	184.4	72	127.3	57	101.3
Modoc	2	280.9	2	246.3	-	-	-	-
Mono	1	131.9	1	94.3	-	-	1	21.4
Monterey	63	206.6	32	88.4	38	36.2	49	41.7
Napa	16	183.3	5	51.4	5	14.5	8	22.4
Nevada	4	54.7	3	36.3	1	3.7	2	8.0
Orange	303	145.9	255	114.3	279	33.5	535	64.1
Placer	28	140.3	13	61.0	18	22.1	15	19.3
Plumas	-	-	1	60.8	-	-	-	-
Riverside	291	204.7	175	116.2	163	36.2	258	57.3
Sacramento	817	803.4	514	480.0	358	95.6	514	143.0
San Benito	12	271.2	9	184.2	14	94.9	16	106.9
San Bernardino	729	452.2	482	271.4	360	73.6	504	103.7
San Diego	690	308.1	484	184.1	353	42.4	945	112.7
San Francisco	208	658.6	330	1,008.6	142	58.0	1,751	642.7
San Joaquin	251	465.3	169	280.5	121	74.7	193	119.6
San Luis Obispo	18	82.5	9	34.7	7	10.8	14	19.9
San Mateo	49	120.0	40	88.6	30	14.8	122	59.7
Santa Barbara	38	109.0	32	87.6	12	11.5	31	28.3
Santa Clara	227	214.2	169	149.0	192	40.6	397	78.1
Santa Cruz	27	135.4	23	112.5	23	32.0	38	50.8
Shasta	20	143.4	3	20.0	10	22.5	10	23.4
Sierra	1	409.8	-	-	-	-	-	-
Siskiyou	3	88.5	-	-	3	26.2	1	9.2
Solano	165	531.4	68	200.8	62	58.1	99	86.4
Sonoma	35	104.8	27	74.9	24	18.2	54	41.1
Stanislaus	209	494.9	135	307.7	126	100.2	174	140.4
Sutter	25	365.7	15	205.7	20	90.9	21	96.3
Tehama	7	150.6	4	77.7	5	35.9	2	14.6
Trinity	-	-	-	-	-	-	-	-
Tulare	130	372.3	97	260.1	95	100.8	92	95.7
Tuolumne	2	58.0	2	44.6	3	21.4	3	18.1
Ventura	71	129.8	39	66.3	46	21.1	56	25.8
Yolo	28	126.7	12	56.1	9	18.5	16	34.7
Yuba	25	482.1	21	383.1	14	89.7	22	137.1

<sup>1</sup> City Health Department numbers are included in their respective county totals.

Note: Rates are per 100,000 population.

Source: California Department of Health Services, STD Control Branch

**Table 14. Gonorrhea Prevalence Monitoring, Number Tested and Percent Positive, by Gender and Health Care Setting, California, 2005**

Health Care Setting	Females			Males		
	Number Tested	Number Positive	Percent Positive	Number Tested	Number Positive	Percent Positive
Managed Care Organization	185,380	830	0.4%	31,030	905	2.9%
Family Planning Clinics	37,086	339	0.9%	7,323	319	4.4%
College Sites	1,504	5	0.3%	679	9	1.3%
Teen Clinics	1,795	18	1.0%	422	17	4.0%
School-Based Sites	711	3	0.4%	200	3	1.5%
Juvenile Detention	6,200	307	5.0%	19,732	167	0.8%
STD Clinics	18,126	725	4.0%	36,167	2,600	7.2%

Source: California Department of Health Services, STD Control Branch; Los Angeles Infertility Prevention Project; and San Francisco Infertility Prevention Project

**Table 15. Gonorrhea Prevalence Monitoring, Chlamydia Positivity (CT+) among Gonorrhea-Positive (GC+) Females, by Health Care Setting and Age Group, 2005**

Age Group	Family Planning Clinics			STD Clinics			Managed Care Organization			Juvenile Hall Facilities		
	# GC+	Among GC+		# GC+	Among GC+		# GC+	Among GC+		# GC+	Among GC+	
		# CT+	% CT+		# CT+	% CT+		# CT+	% CT+		# CT+	% CT+
0- 9	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%
10-14	6	2	33.3%	3	1	33.3%	24	10	41.7%	36	18	50.0%
15-19	108	49	45.4%	210	102	48.6%	331	116	35.0%	271	134	49.4%
20-24	124	47	37.9%	274	103	37.6%	235	74	31.5%	0	0	0.0%
25-29	40	7	17.5%	100	28	28.0%	101	25	24.8%	0	0	0.0%
30-34	33	6	18.2%	40	12	30.0%	52	9	17.3%	0	0	0.0%
35+	25	7	28.0%	94	13	13.8%	87	10	11.5%	0	0	0.0%
Unknown	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%
<b>Total</b>	<b>336</b>	<b>118</b>	<b>35.1%</b>	<b>721</b>	<b>259</b>	<b>35.9%</b>	<b>830</b>	<b>244</b>	<b>29.4%</b>	<b>307</b>	<b>152</b>	<b>49.5%</b>

Note: GC+ counts exclude those records with no chlamydia test result.

Source: California Department of Health Services, STD Control Branch; Los Angeles Infertility Prevention Project; and San Francisco Infertility Prevention Project

**Table 16. Gonorrhea Prevalence Monitoring, Chlamydia Positivity (CT+) among Gonorrhea-Positive (GC+) Males, by Health Care Setting and Age Group, 2005**

Age Group	Family Planning Clinics			STD Clinics			Managed Care Organization			Juvenile Hall Facilities		
	# GC+	Among GC+		# GC+	Among GC+		# GC+	Among GC+		# GC+	Among GC+	
		# CT+	% CT+		# CT+	% CT+		# CT+	% CT+		# CT+	% CT+
0- 9	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%
10-14	1	0	0.0%	6	3	50.0%	2	1	50.0%	5	3	60.0%
15-19	41	11	26.8%	251	91	36.3%	121	23	19.0%	161	80	49.7%
20-24	106	33	31.1%	596	194	32.6%	205	33	16.1%	1	0	0.0%
25-29	70	21	30.0%	536	135	25.2%	147	17	11.6%	0	0	0.0%
30-34	38	4	10.5%	362	59	16.3%	99	9	9.1%	0	0	0.0%
35+	61	8	13.1%	836	147	17.6%	324	24	7.4%	0	0	0.0%
Unknown	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%
<b>Total</b>	<b>317</b>	<b>77</b>	<b>24.3%</b>	<b>2,587</b>	<b>629</b>	<b>24.3%</b>	<b>898</b>	<b>107</b>	<b>11.9%</b>	<b>167</b>	<b>83</b>	<b>49.7%</b>

Note: GC+ counts exclude those records with no chlamydia test result.

Source: California Department of Health Services, STD Control Branch; Los Angeles Infertility Prevention Project; and San Francisco Infertility Prevention Project

Table 17. Gonorrhea Prevalence Monitoring, Percent Positive, by Health Care Setting, Gender, and Age Group, California, 2005

Health Care Setting & Age Group	Total			Female			Male		
	# Tested	# Positive	Percent Positive	# Tested	# Positive	Percent Positive	# Tested	# Positive	Percent Positive
<b>Family Planning Clinics</b>	<b>44,409</b>	<b>658</b>	<b>1.5%</b>	<b>37,086</b>	<b>339</b>	<b>0.9%</b>	<b>7,323</b>	<b>319</b>	<b>4.4%</b>
Ages 0 - 9	6	0	0.0%	4	0	0.0%	2	0	0.0%
10 - 14	350	7	2.0%	318	6	1.9%	32	1	3.1%
15 - 19	10,576	149	1.4%	9,260	108	1.2%	1,316	41	3.1%
20 - 24	14,196	232	1.6%	11,965	126	1.1%	2,231	106	4.8%
25 - 29	7,723	110	1.4%	6,377	40	0.6%	1,346	70	5.2%
30 - 34	4,523	72	1.6%	3,690	33	0.9%	833	39	4.7%
35+	7,022	88	1.3%	5,461	26	0.5%	1,561	62	4.0%
Not Specified	13	0	0.0%	11	0	0.0%	2	0	0.0%
<b>STD Clinics</b>	<b>54,293</b>	<b>3,325</b>	<b>6.1%</b>	<b>18,126</b>	<b>725</b>	<b>4.0%</b>	<b>36,167</b>	<b>2,600</b>	<b>7.2%</b>
Ages 0 - 9	14	0	0.0%	3	0	0.0%	11	0	0.0%
10 - 14	104	9	8.7%	72	3	4.2%	32	6	18.8%
15 - 19	4,561	465	10.2%	2,574	211	8.2%	1,987	254	12.8%
20 - 24	12,152	875	7.2%	5,064	277	5.5%	7,088	598	8.4%
25 - 29	10,705	639	6.0%	3,435	100	2.9%	7,270	539	7.4%
30 - 34	7,686	403	5.2%	2,026	40	2.0%	5,660	363	6.4%
35+	19,066	934	4.9%	4,950	94	1.9%	14,116	840	6.0%
Not Specified	5	0	0.0%	2	0	0.0%	3	0	0.0%
<b>Managed Care Organization</b>	<b>216,410</b>	<b>1,735</b>	<b>0.8%</b>	<b>185,380</b>	<b>830</b>	<b>0.4%</b>	<b>31,030</b>	<b>905</b>	<b>2.9%</b>
Ages 0 - 9	0	0	0.0%	0	0	0.0%	0	0	0.0%
10 - 14	3,243	26	0.8%	2,559	24	0.9%	684	2	0.3%
15 - 19	46,730	454	1.0%	39,787	331	0.8%	6,943	123	1.8%
20 - 24	61,594	442	0.7%	56,299	235	0.4%	5,295	207	3.9%
25 - 29	41,394	249	0.6%	36,985	101	0.3%	4,409	148	3.4%
30 - 34	22,959	152	0.7%	19,468	52	0.3%	3,491	100	2.9%
35+	40,490	412	1.0%	30,282	87	0.3%	10,208	325	3.2%
Not Specified	0	0	0.0%	0	0	0.0%	0	0	0.0%
<b>Juvenile Hall Facilities</b>	<b>25,932</b>	<b>474</b>	<b>1.8%</b>	<b>6,200</b>	<b>307</b>	<b>5.0%</b>	<b>19,732</b>	<b>167</b>	<b>0.8%</b>
Ages 0 - 9	2	0	0.0%	0	0	0.0%	2	0	0.0%
10 - 14	3,023	41	1.4%	802	36	4.5%	2,221	5	0.2%
15 - 19	22,818	432	1.9%	5,372	271	5.0%	17,446	161	0.9%
20 - 24	80	1	1.3%	22	0	0.0%	58	1	1.7%
25 - 29	2	0	0.0%	1	0	0.0%	1	0	0.0%
30 - 34	0	0	0.0%	0	0	0.0%	0	0	0.0%
35+	2	0	0.0%	1	0	0.0%	1	0	0.0%
Not Specified	5	0	0.0%	2	0	0.0%	3	0	0.0%

Source: California Department of Health Services, STD Control Branch; Los Angeles Infertility Prevention Project; and San Francisco Infertility Prevention Project

Table 18. Gonococcal Isolate Surveillance Project (GISP), Isolates by Type of Resistance, California Sites, 2001–2005

CLINIC SITE	2001		2002		2003		2004		2005	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
<b>TOTALS</b>										
<b>Total Specimens</b>	<b>760</b>		<b>804</b>		<b>1,006</b>		<b>1,082</b>		<b>1,005</b>	
No Resistance	563	74.1	617	76.7	697	69.3	809	74.8	647	64.4
Ciprofloxacin-Resistant	21	2.8	87	10.8	186	18.5	220	20.3	255	25.4
Ciprofloxacin Decreased Susceptibility	58	7.6	33	4.1	17	1.7	18	1.7	13	1.3
Cefixime Decreased Susceptibility	0	0.0	0	0.0	0	0.0	2	0.2	0	0.0
Ceftriaxone Decreased Susceptibility	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Other Drug Resistance*	197	25.9	187	23.3	309	30.7	273	25.2	358	35.6
<b>Long Beach</b>										
<b>Total Specimens</b>	<b>99</b>		<b>97</b>		<b>93</b>		<b>100</b>		<b>98</b>	
No Resistance	82	82.8	76	78.4	71	76.3	77	77.0	62	63.3
Ciprofloxacin-Resistant	3	3.0	7	7.2	18	19.4	25	25.0	23	23.5
Ciprofloxacin Decreased Susceptibility	1	1.0	1	1.0	1	1.1	0	0.0	0	0.0
Cefixime Decreased Susceptibility	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Ceftriaxone Decreased Susceptibility	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Other Drug Resistance*	17	17.2	21	21.6	22	23.7	23	23.0	36	36.7
<b>Los Angeles</b>										
<b>Total Specimens</b>					<b>202</b>		<b>268</b>		<b>193</b>	
No Resistance					143	70.8	226	84.3	156	80.8
Ciprofloxacin-Resistant					25	12.4	37	13.8	28	14.5
Ciprofloxacin Decreased Susceptibility					1	0.5	1	0.4	0	0.0
Cefixime Decreased Susceptibility					0	0.0	2	0.7	0	0.0
Ceftriaxone Decreased Susceptibility					0	0.0	0	0.0	0	0.0
Other Drug Resistance*					59	29.2	42	15.7	37	19.2
<b>Orange</b>										
<b>Total Specimens</b>	<b>129</b>		<b>175</b>		<b>178</b>		<b>161</b>		<b>120</b>	
No Resistance	95	73.6	134	76.6	109	61.2	104	64.6	75	62.5
Ciprofloxacin-Resistant	3	2.3	20	11.4	56	31.5	33	20.5	33	27.5
Ciprofloxacin Decreased Susceptibility	2	1.6	1	0.6	1	0.6	3	1.9	2	1.7
Cefixime Decreased Susceptibility	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Ceftriaxone Decreased Susceptibility	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Other Drug Resistance*	34	26.4	41	23.4	69	38.8	57	35.4	45	37.5
<b>San Diego</b>										
<b>Total Specimens</b>	<b>235</b>		<b>249</b>		<b>257</b>		<b>253</b>		<b>294</b>	
No Resistance	197	83.8	167	67.1	175	68.1	196	77.5	172	58.5
Ciprofloxacin-Resistant	5	2.1	41	16.5	34	13.2	52	20.6	77	26.2
Ciprofloxacin Decreased Susceptibility	4	1.7	3	1.2	4	1.6	2	0.8	2	0.7
Cefixime Decreased Susceptibility	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Ceftriaxone Decreased Susceptibility	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Other Drug Resistance*	38	16.2	82	32.9	82	31.9	57	22.5	122	41.5
<b>San Francisco</b>										
<b>Total Specimens</b>	<b>297</b>		<b>283</b>		<b>276</b>		<b>300</b>		<b>300</b>	
No Resistance	189	63.6	240	84.8	199	72.1	206	68.7	182	60.7
Ciprofloxacin-Resistant	10	3.4	19	6.7	53	19.2	73	24.3	94	31.3
Ciprofloxacin Decreased Susceptibility	51	17.2	28	9.9	10	3.6	12	4.0	9	3.0
Cefixime Decreased Susceptibility	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Ceftriaxone Decreased Susceptibility	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Other Drug Resistance*	108	36.4	43	15.2	77	27.9	94	31.3	118	39.3

\* Other Drug Resistance includes penicillin and tetracycline.

Note: Totaling the types of resistance may add to more than total specimens, due to multi-drug-resistant specimens.

Source: Centers for Disease Control and Prevention, Gonococcal Isolate Surveillance Project, Sexually Transmitted Diseases Clinic Sites

California Department of Health Services, STD Control Branch

Table 19. Gonococcal Isolate Surveillance Project (GISP), Isolates Susceptible to Ciprofloxacin, California Sites, 1996–2005

CLINIC SITE	Ciprofloxacin					
	Resistant (MIC >= 1)		Decreased Susceptibility (MIC 0.125 - 0.50)		No Resistance (MIC <= 0.06)	
	Number	Percent	Number	Percent	Number	Percent
<b>TOTAL 2005</b>	<b>255</b>	<b>25.4</b>	<b>13</b>	<b>1.3</b>	<b>737</b>	<b>73.3</b>
Total excluding Los Angeles	227	28.0	13	1.6	572	70.4
Long Beach	23	23.5	0	0.0	75	76.5
Los Angeles	28	14.5	0	0.0	165	85.5
Orange	33	27.5	2	1.7	85	70.8
San Diego	77	26.2	2	0.7	215	73.1
San Francisco	94	31.3	9	3.0	197	65.7
<b>TOTAL 2004</b>	<b>220</b>	<b>20.3</b>	<b>18</b>	<b>1.7</b>	<b>844</b>	<b>78.0</b>
Total excluding Los Angeles	183	22.5	17	2.1	614	75.4
Long Beach	25	25.0	0	0.0	75	75.0
Los Angeles	37	13.8	1	0.4	230	85.8
Orange	33	20.5	3	1.9	125	77.6
San Diego	52	20.6	2	0.8	199	78.7
San Francisco	73	24.3	12	4.0	215	71.7
<b>TOTAL 2003</b>	<b>186</b>	<b>18.5</b>	<b>17</b>	<b>1.7</b>	<b>803</b>	<b>79.8</b>
Total excluding Los Angeles	161	20.0	16	2.0	627	78.0
Long Beach	18	19.4	1	1.1	74	79.6
Los Angeles	25	12.4	1	0.5	176	87.1
Orange	56	31.5	1	0.6	121	68.0
San Diego	34	13.2	4	1.6	219	85.2
San Francisco	53	19.2	10	3.6	213	77.2
<b>TOTAL 2002</b>	<b>87</b>	<b>10.8</b>	<b>33</b>	<b>4.1</b>	<b>684</b>	<b>85.1</b>
Long Beach	7	7.2	1	1.0	89	91.8
Orange	20	11.4	1	0.6	154	88.0
San Diego	41	16.5	3	1.2	205	82.3
San Francisco	19	6.7	28	9.9	236	83.4
<b>TOTAL 2001</b>	<b>21</b>	<b>2.8</b>	<b>58</b>	<b>7.6</b>	<b>681</b>	<b>89.6</b>
Long Beach	3	3.0	1	1.0	95	96.0
Orange	3	2.3	2	1.6	124	96.1
San Diego	5	2.1	4	1.7	226	96.2
San Francisco	10	3.4	51	17.2	236	79.5
<b>TOTAL 2000</b>	<b>8</b>	<b>1.1</b>	<b>30</b>	<b>4.2</b>	<b>684</b>	<b>94.7</b>
Long Beach	0	0.0	0	0.0	93	100.0
Orange	6	5.6	0	0.0	101	94.4
San Diego	1	0.4	1	0.4	226	99.1
San Francisco	1	0.3	29	9.9	264	89.8
<b>TOTAL 1999</b>	<b>4</b>	<b>0.6</b>	<b>4</b>	<b>0.6</b>	<b>693</b>	<b>98.9</b>
Long Beach	0	0.0	0	0.0	83	100.0
Orange	1	0.8	0	0.0	128	99.2
San Diego	2	1.0	1	0.5	189	98.4
San Francisco	1	0.3	3	1.0	293	98.7
<b>TOTAL 1998</b>	<b>1</b>	<b>0.2</b>	<b>1</b>	<b>0.2</b>	<b>652</b>	<b>99.7</b>
Long Beach	0	0.0	0	0.0	118	100.0
Orange	0	0.0	0	0.0	117	100.0
San Diego	0	0.0	0	0.0	179	100.0
San Francisco	1	0.4	1	0.4	238	99.2
<b>TOTAL 1997</b>	<b>2</b>	<b>0.3</b>	<b>2</b>	<b>0.3</b>	<b>705</b>	<b>99.4</b>
Long Beach	0	0.0	1	0.6	162	99.4
Orange	0	0.0	0	0.0	94	100.0
San Diego	2	0.9	0	0.0	210	99.1
San Francisco	0	0.0	1	0.4	239	99.6
<b>TOTAL 1996</b>	<b>0</b>	<b>0.0</b>	<b>2</b>	<b>0.3</b>	<b>725</b>	<b>99.7</b>
Long Beach	0	0.0	0	0.0	129	100.0
Orange	0	0.0	1	0.7	137	99.3
San Diego	0	0.0	0	0.0	220	100.0
San Francisco	0	0.0	1	0.4	239	99.6

Note: MIC = Minimum Inhibitory Concentration

Source: Centers for Disease Control and Prevention, Gonococcal Isolate Surveillance Project, Sexually Transmitted Diseases Clinic Sites

California Department of Health Services, STD Control Branch

Table 20. Primary and Secondary Syphilis, Cases and Rates, California Counties and Selected City Health Jurisdictions, 2001–2005

COUNTY	2001		2002		2003		2004		2005	
	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate
<b>CALIFORNIA</b>	<b>547</b>	<b>1.6</b>	<b>1,040</b>	<b>2.9</b>	<b>1,306</b>	<b>3.6</b>	<b>1,365</b>	<b>3.7</b>	<b>1,578</b>	<b>4.3</b>
Alameda	27	1.8	56	3.8	38	2.5	49	3.3	49	3.3
— Berkeley <sup>1</sup>	3	2.9	4	3.8	4	3.8	7	6.7	4	3.8
Alpine	-	-	-	-	-	-	-	-	-	-
Amador	-	-	-	-	-	-	-	-	-	-
Butte	1	0.5	-	-	-	-	-	-	-	-
Calaveras	-	-	-	-	-	-	-	-	-	-
Colusa	-	-	-	-	-	-	-	-	-	-
Contra Costa	12	1.2	11	1.1	18	1.8	12	1.2	20	1.9
Del Norte	-	-	-	-	-	-	-	-	-	-
El Dorado	-	-	1	0.6	-	-	-	-	1	0.6
Fresno	4	0.5	3	0.4	8	0.9	4	0.5	4	0.4
Glenn	-	-	-	-	-	-	-	-	-	-
Humboldt	-	-	-	-	-	-	1	0.8	-	-
Imperial	-	-	-	-	2	1.3	-	-	1	0.6
Inyo	-	-	-	-	-	-	-	-	-	-
Kern	9	1.3	8	1.1	3	0.4	2	0.3	13	1.7
Kings	3	2.3	1	0.7	1	0.7	-	-	-	-
Lake	-	-	-	-	-	-	1	1.6	-	-
Lassen	-	-	-	-	-	-	-	-	-	-
Los Angeles	213	2.2	404	4.1	533	5.3	515	5.1	707	6.9
— Long Beach <sup>1</sup>	21	4.5	38	8.0	59	12.2	34	7.0	67	13.6
— Pasadena <sup>1</sup>	4	2.9	6	4.3	5	3.5	8	5.5	3	2.1
Madera	-	-	1	0.8	-	-	-	-	-	-
Marin	5	2.0	5	2.0	3	1.2	-	-	3	1.2
Mariposa	-	-	-	-	-	-	-	-	-	-
Mendocino	-	-	-	-	-	-	3	3.3	-	-
Merced	5	2.3	-	-	-	-	-	-	-	-
Modoc	-	-	-	-	-	-	-	-	-	-
Mono	-	-	-	-	-	-	-	-	-	-
Monterey	1	0.2	6	1.4	3	0.7	1	0.2	-	-
Napa	1	0.8	-	-	-	-	2	1.5	3	2.2
Nevada	-	-	-	-	-	-	-	-	1	1.0
Orange	40	1.4	30	1.0	38	1.3	45	1.5	97	3.2
Placer	2	0.8	2	0.7	-	-	-	-	1	0.3
Plumas	-	-	-	-	-	-	-	-	-	-
Riverside	17	1.0	57	3.4	74	4.2	81	4.4	104	5.4
Sacramento	4	0.3	11	0.8	17	1.3	18	1.3	14	1.0
San Benito	-	-	-	-	-	-	-	-	1	1.7
San Bernardino	5	0.3	8	0.4	16	0.9	21	1.1	14	0.7
San Diego	27	0.9	38	1.3	110	3.7	138	4.6	194	6.3
San Francisco	138	17.5	316	40.0	334	42.2	347	43.8	248	31.2
San Joaquin	3	0.5	7	1.2	2	0.3	10	1.5	2	0.3
San Luis Obispo	-	-	1	0.4	2	0.8	2	0.8	1	0.4
San Mateo	9	1.3	15	2.1	17	2.4	16	2.2	11	1.5
Santa Barbara	3	0.7	1	0.2	2	0.5	2	0.5	3	0.7
Santa Clara	10	0.6	30	1.7	53	3.1	56	3.2	43	2.4
Santa Cruz	-	-	4	1.5	7	2.7	4	1.5	1	0.4
Shasta	-	-	-	-	-	-	-	-	-	-
Sierra	-	-	-	-	-	-	-	-	-	-
Siskiyou	-	-	-	-	-	-	-	-	-	-
Solano	-	-	3	0.7	2	0.5	3	0.7	10	2.4
Sonoma	-	-	17	3.6	11	2.3	8	1.7	12	2.5
Stanislaus	5	1.1	2	0.4	5	1.0	13	2.6	6	1.2
Sutter	-	-	-	-	-	-	-	-	-	-
Tehama	-	-	-	-	-	-	-	-	-	-
Trinity	-	-	-	-	-	-	-	-	-	-
Tulare	-	-	-	-	3	0.8	2	0.5	6	1.4
Tuolumne	-	-	-	-	-	-	-	-	-	-
Ventura	1	0.1	2	0.3	2	0.3	8	1.0	8	1.0
Yolo	1	0.6	-	-	2	1.1	1	0.5	-	-
Yuba	1	1.6	-	-	-	-	-	-	-	-

<sup>1</sup> City Health Department numbers are included in their respective county totals.

Note: Rates are per 100,000 population.

Source: California Department of Health Services, STD Control Branch

Table 21. Primary and Secondary Syphilis, Cases and Rates by Gender, Race/Ethnicity, and Age Group, California, 2005

Race & Age Group	Total		Female		Male		Gender Not Specified Cases
	Cases	Rate	Cases	Rate	Cases	Rate	
<b>Total</b>	<b>1,578</b>	<b>4.3</b>	<b>118</b>	<b>0.6</b>	<b>1,460</b>	<b>7.9</b>	<b>0</b>
Ages 0 - 9	0	0.0	0	0.0	0	0.0	0
10 - 14	0	0.0	0	0.0	0	0.0	0
15 - 19	34	1.2	12	0.9	22	1.5	0
20 - 24	132	5.0	20	1.6	112	8.0	0
25 - 29	196	7.8	25	2.1	171	13.0	0
30 - 34	244	9.1	15	1.1	229	16.6	0
35 - 44	617	10.8	33	1.2	584	20.1	0
45+	355	2.8	13	0.2	342	5.8	0
Not Specified	0	-	0	-	0	-	0
<b>Native American/Alaskan Native</b>	<b>7</b>	<b>2.4</b>	<b>0</b>	<b>0.0</b>	<b>7</b>	<b>4.8</b>	<b>0</b>
Ages 0 - 9	0	0.0	0	0.0	0	0.0	0
10 - 14	0	0.0	0	0.0	0	0.0	0
15 - 19	0	0.0	0	0.0	0	0.0	0
20 - 24	1	4.2	0	0.0	1	8.3	0
25 - 29	1	5.1	0	0.0	1	10.0	0
30 - 34	3	15.6	0	0.0	3	31.6	0
35 - 44	2	4.3	0	0.0	2	8.9	0
45+	0	0.0	0	0.0	0	0.0	0
Not Specified	0	-	0	-	0	-	0
<b>Asian/Pacific Islander</b>	<b>71</b>	<b>1.7</b>	<b>3</b>	<b>0.1</b>	<b>68</b>	<b>3.3</b>	<b>0</b>
Ages 0 - 9	0	0.0	0	0.0	0	0.0	0
10 - 14	0	0.0	0	0.0	0	0.0	0
15 - 19	0	0.0	0	0.0	0	0.0	0
20 - 24	6	1.9	0	0.0	6	3.8	0
25 - 29	10	3.3	1	0.7	9	6.0	0
30 - 34	19	5.5	0	0.0	19	11.3	0
35 - 44	21	2.9	1	0.3	20	5.9	0
45+	15	1.0	1	0.1	14	2.0	0
Not Specified	0	-	0	-	0	-	0
<b>African American/Black</b>	<b>193</b>	<b>7.9</b>	<b>35</b>	<b>2.8</b>	<b>158</b>	<b>13.1</b>	<b>0</b>
Ages 0 - 9	0	0.0	0	0.0	0	0.0	0
10 - 14	0	0.0	0	0.0	0	0.0	0
15 - 19	7	3.1	2	1.8	5	4.4	0
20 - 24	14	7.4	4	4.5	10	10.0	0
25 - 29	25	15.7	11	13.8	14	17.5	0
30 - 34	36	22.0	7	8.3	29	36.6	0
35 - 44	70	17.6	8	4.0	62	31.4	0
45+	41	5.3	3	0.7	38	10.7	0
Not Specified	0	-	0	-	0	-	0
<b>Hispanic/Latino</b>	<b>467</b>	<b>3.5</b>	<b>48</b>	<b>0.7</b>	<b>419</b>	<b>6.2</b>	<b>0</b>
Ages 0 - 9	0	0.0	0	0.0	0	0.0	0
10 - 14	0	0.0	0	0.0	0	0.0	0
15 - 19	16	1.3	8	1.4	8	1.3	0
20 - 24	70	6.1	9	1.7	61	9.9	0
25 - 29	87	7.3	11	2.0	76	11.8	0
30 - 34	78	6.6	4	0.7	74	11.8	0
35 - 44	160	7.8	13	1.3	147	13.9	0
45+	56	2.1	3	0.2	53	4.3	0
Not Specified	0	-	0	-	0	-	0
<b>White</b>	<b>790</b>	<b>5.0</b>	<b>32</b>	<b>0.4</b>	<b>758</b>	<b>9.7</b>	<b>0</b>
Ages 0 - 9	0	0.0	0	0.0	0	0.0	0
10 - 14	0	0.0	0	0.0	0	0.0	0
15 - 19	11	1.1	2	0.4	9	1.8	0
20 - 24	39	4.3	7	1.6	32	6.7	0
25 - 29	63	7.9	2	0.5	61	15.0	0
30 - 34	103	11.0	4	0.9	99	20.8	0
35 - 44	339	14.0	11	0.9	328	26.5	0
45+	235	3.2	6	0.2	229	6.5	0
Not Specified	0	-	0	-	0	-	0
<b>Other/Multi/Unknown</b>	<b>50</b>	<b>-</b>	<b>0</b>	<b>-</b>	<b>50</b>	<b>-</b>	<b>0</b>
Ages 0 - 9	0	-	0	-	0	-	0
10 - 14	0	-	0	-	0	-	0
15 - 19	0	-	0	-	0	-	0
20 - 24	2	-	0	-	2	-	0
25 - 29	10	-	0	-	10	-	0
30 - 34	5	-	0	-	5	-	0
35 - 44	25	-	0	-	25	-	0
45+	8	-	0	-	8	-	0
Not Specified	0	-	0	-	0	-	0

Note: Rates are per 100,000 population.

Source: California Department of Health Services, STD Control Branch

Table 22. Early Latent Syphilis, Cases and Rates, California Counties and Selected City Health Jurisdictions, 2001–2005

COUNTY	2001		2002		2003		2004		2005	
	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate
<b>CALIFORNIA</b>	<b>414</b>	<b>1.2</b>	<b>722</b>	<b>2.0</b>	<b>821</b>	<b>2.3</b>	<b>867</b>	<b>2.4</b>	<b>1,170</b>	<b>3.2</b>
Alameda	12	0.8	13	0.9	28	1.9	20	1.3	29	1.9
— Berkeley <sup>1</sup>	-	-	1	1.0	1	1.0	3	2.9	3	2.9
Alpine	-	-	-	-	-	-	-	-	-	-
Amador	-	-	-	-	-	-	-	-	3	7.8
Butte	-	-	-	-	-	-	-	-	-	-
Calaveras	-	-	-	-	-	-	-	-	-	-
Colusa	-	-	-	-	-	-	-	-	-	-
Contra Costa	9	0.9	11	1.1	4	0.4	10	1.0	8	0.8
Del Norte	-	-	-	-	-	-	-	-	-	-
El Dorado	-	-	-	-	-	-	-	-	-	-
Fresno	15	1.8	3	0.4	9	1.0	5	0.6	10	1.1
Glenn	-	-	-	-	-	-	-	-	-	-
Humboldt	-	-	1	0.8	-	-	-	-	-	-
Imperial	-	-	-	-	1	0.6	1	0.6	1	0.6
Inyo	-	-	-	-	-	-	-	-	-	-
Kern	11	1.6	4	0.6	7	1.0	3	0.4	12	1.6
Kings	1	0.8	-	-	2	1.4	1	0.7	-	-
Lake	-	-	-	-	1	1.6	1	1.6	-	-
Lassen	-	-	-	-	-	-	-	-	-	-
Los Angeles	221	2.3	369	3.7	412	4.1	411	4.1	629	6.2
— Long Beach <sup>1</sup>	10	2.1	18	3.8	19	3.9	23	4.7	51	10.4
— Pasadena <sup>1</sup>	3	2.2	1	0.7	6	4.2	3	2.1	1	0.7
Madera	1	0.8	-	-	-	-	-	-	-	-
Marin	1	0.4	2	0.8	1	0.4	2	0.8	-	-
Mariposa	-	-	-	-	-	-	-	-	1	5.5
Mendocino	-	-	-	-	-	-	1	1.1	1	1.1
Merced	2	0.9	-	-	2	0.9	-	-	1	0.4
Modoc	-	-	-	-	-	-	-	-	-	-
Mono	-	-	-	-	-	-	-	-	-	-
Monterey	2	0.5	3	0.7	2	0.5	3	0.7	-	-
Napa	1	0.8	-	-	-	-	-	-	1	0.7
Nevada	-	-	-	-	-	-	2	2.0	-	-
Orange	26	0.9	24	0.8	26	0.9	28	0.9	49	1.6
Placer	1	0.4	-	-	-	-	-	-	-	-
Plumas	-	-	-	-	-	-	-	-	-	-
Riverside	9	0.6	32	1.9	29	1.6	35	1.9	57	3.0
Sacramento	6	0.5	8	0.6	4	0.3	6	0.4	11	0.8
San Benito	-	-	-	-	-	-	-	-	-	-
San Bernardino	2	0.1	6	0.3	4	0.2	6	0.3	10	0.5
San Diego	17	0.6	34	1.2	40	1.3	83	2.7	117	3.8
San Francisco	47	6.0	177	22.4	192	24.2	201	25.4	177	22.3
San Joaquin	4	0.7	12	2.0	7	1.1	4	0.6	5	0.8
San Luis Obispo	-	-	-	-	1	0.4	2	0.8	1	0.4
San Mateo	1	0.1	6	0.8	5	0.7	2	0.3	5	0.7
Santa Barbara	-	-	-	-	1	0.2	-	-	-	-
Santa Clara	11	0.6	11	0.6	20	1.2	13	0.7	18	1.0
Santa Cruz	2	0.8	-	-	5	1.9	5	1.9	3	1.2
Shasta	-	-	-	-	-	-	-	-	-	-
Sierra	-	-	-	-	-	-	-	-	-	-
Siskiyou	-	-	-	-	-	-	-	-	-	-
Solano	1	0.2	-	-	5	1.2	6	1.4	1	0.2
Sonoma	6	1.3	1	0.2	2	0.4	2	0.4	7	1.5
Stanislaus	2	0.4	1	0.2	4	0.8	1	0.2	3	0.6
Sutter	-	-	1	1.2	-	-	-	-	-	-
Tehama	-	-	-	-	-	-	-	-	-	-
Trinity	-	-	-	-	-	-	-	-	-	-
Tulare	-	-	-	-	1	0.3	4	1.0	8	1.9
Tuolumne	-	-	-	-	1	1.8	1	1.8	-	-
Ventura	3	0.4	3	0.4	4	0.5	3	0.4	2	0.2
Yolo	-	-	-	-	1	0.5	5	2.7	-	-
Yuba	-	-	-	-	-	-	-	-	-	-

<sup>1</sup> City Health Department numbers are included in their respective county totals.

Note: Rates are per 100,000 population.

Source: California Department of Health Services, STD Control Branch

Table 23. Early Latent Syphilis, Cases and Rates by Gender, Race/Ethnicity, and Age Group, California, 2005

Race & Age Group	Total		Female		Male		Gender Not Specified Cases
	Cases	Rate	Cases	Rate	Cases	Rate	
<b>Total</b>	<b>1,170</b>	<b>3.2</b>	<b>141</b>	<b>0.8</b>	<b>1,028</b>	<b>5.6</b>	<b>1</b>
Ages 0 - 9	0	0.0	0	0.0	0	0.0	0
10 - 14	0	0.0	0	0.0	0	0.0	0
15 - 19	31	1.1	19	1.4	12	0.8	0
20 - 24	115	4.3	31	2.5	84	6.0	0
25 - 29	150	6.0	25	2.1	125	9.5	0
30 - 34	161	6.0	15	1.1	146	10.6	0
35 - 44	508	8.9	36	1.3	471	16.2	1
45+	205	1.6	15	0.2	190	3.2	0
Not Specified	0	-	0	-	0	-	0
<b>Native American/Alaskan Native</b>	<b>5</b>	<b>1.7</b>	<b>3</b>	<b>2.0</b>	<b>2</b>	<b>1.4</b>	<b>0</b>
Ages 0 - 9	0	0.0	0	0.0	0	0.0	0
10 - 14	0	0.0	0	0.0	0	0.0	0
15 - 19	0	0.0	0	0.0	0	0.0	0
20 - 24	0	0.0	0	0.0	0	0.0	0
25 - 29	1	5.1	1	10.2	0	0.0	0
30 - 34	1	5.2	0	0.0	1	10.5	0
35 - 44	2	4.3	1	4.2	1	4.5	0
45+	1	1.0	1	1.8	0	0.0	0
Not Specified	0	-	0	-	0	-	0
<b>Asian/Pacific Islander</b>	<b>47</b>	<b>1.1</b>	<b>6</b>	<b>0.3</b>	<b>41</b>	<b>2.0</b>	<b>0</b>
Ages 0 - 9	0	0.0	0	0.0	0	0.0	0
10 - 14	0	0.0	0	0.0	0	0.0	0
15 - 19	1	0.3	1	0.7	0	0.0	0
20 - 24	7	2.2	2	1.3	5	3.1	0
25 - 29	3	1.0	0	0.0	3	2.0	0
30 - 34	7	2.0	0	0.0	7	4.1	0
35 - 44	22	3.1	2	0.5	20	5.9	0
45+	7	0.5	1	0.1	6	0.8	0
Not Specified	0	-	0	-	0	-	0
<b>African American/Black</b>	<b>165</b>	<b>6.7</b>	<b>35</b>	<b>2.8</b>	<b>130</b>	<b>10.8</b>	<b>0</b>
Ages 0 - 9	0	0.0	0	0.0	0	0.0	0
10 - 14	0	0.0	0	0.0	0	0.0	0
15 - 19	11	4.9	7	6.4	4	3.5	0
20 - 24	11	5.8	3	3.4	8	8.0	0
25 - 29	19	11.9	2	2.5	17	21.3	0
30 - 34	14	8.5	3	3.5	11	13.9	0
35 - 44	77	19.4	15	7.5	62	31.4	0
45+	33	4.3	5	1.2	28	7.9	0
Not Specified	0	-	0	-	0	-	0
<b>Hispanic/Latino</b>	<b>457</b>	<b>3.5</b>	<b>78</b>	<b>1.2</b>	<b>378</b>	<b>5.6</b>	<b>1</b>
Ages 0 - 9	0	0.0	0	0.0	0	0.0	0
10 - 14	0	0.0	0	0.0	0	0.0	0
15 - 19	15	1.3	10	1.7	5	0.8	0
20 - 24	70	6.1	20	3.7	50	8.1	0
25 - 29	82	6.9	21	3.8	61	9.5	0
30 - 34	76	6.4	8	1.4	68	10.8	0
35 - 44	164	8.0	13	1.3	150	14.1	1
45+	50	1.9	6	0.4	44	3.5	0
Not Specified	0	-	0	-	0	-	0
<b>White</b>	<b>458</b>	<b>2.9</b>	<b>15</b>	<b>0.2</b>	<b>443</b>	<b>5.6</b>	<b>0</b>
Ages 0 - 9	0	0.0	0	0.0	0	0.0	0
10 - 14	0	0.0	0	0.0	0	0.0	0
15 - 19	3	0.3	0	0.0	3	0.6	0
20 - 24	22	2.4	5	1.1	17	3.6	0
25 - 29	37	4.6	1	0.3	36	8.9	0
30 - 34	59	6.3	4	0.9	55	11.5	0
35 - 44	228	9.4	3	0.3	225	18.2	0
45+	109	1.5	2	0.1	107	3.1	0
Not Specified	0	-	0	-	0	-	0
<b>Other/Multi/Unknown</b>	<b>38</b>	<b>-</b>	<b>4</b>	<b>-</b>	<b>34</b>	<b>-</b>	<b>0</b>
Ages 0 - 9	0	-	0	-	0	-	0
10 - 14	0	-	0	-	0	-	0
15 - 19	1	-	1	-	0	-	0
20 - 24	5	-	1	-	4	-	0
25 - 29	8	-	0	-	8	-	0
30 - 34	4	-	0	-	4	-	0
35 - 44	15	-	2	-	13	-	0
45+	5	-	0	-	5	-	0
Not Specified	0	-	0	-	0	-	0

Note: Rates are per 100,000 population.

Source: California Department of Health Services, STD Control Branch

Table 24. Latent Unknown Duration/Late/Late Latent Syphilis, Cases and Rates, California Counties and Selected City Health Jurisdictions, 2001–2005

COUNTY	2001		2002		2003		2004		2005	
	Cases	Rate								
<b>CALIFORNIA</b>	<b>2,151</b>	<b>6.2</b>	<b>2,157</b>	<b>6.1</b>	<b>2,035</b>	<b>5.7</b>	<b>2,378</b>	<b>6.5</b>	<b>2,554</b>	<b>6.9</b>
Alameda	78	5.3	124	8.3	110	7.4	100	6.7	31	2.1
— Berkeley <sup>1</sup>	5	4.8	5	4.8	2	1.9	5	4.8	1	1.0
Alpine	-	-	-	-	-	-	-	-	-	-
Amador	-	-	-	-	-	-	-	-	-	-
Butte	1	0.5	-	-	-	-	1	0.5	-	-
Calaveras	-	-	-	-	-	-	-	-	-	-
Colusa	-	-	-	-	-	-	1	4.8	-	-
Contra Costa	24	2.5	5	0.5	10	1.0	19	1.9	15	1.5
Del Norte	-	-	-	-	1	3.5	1	3.4	1	3.4
El Dorado	-	-	1	0.6	-	-	-	-	-	-
Fresno	40	4.9	56	6.7	63	7.3	32	3.7	44	4.9
Glenn	-	-	-	-	-	-	-	-	-	-
Humboldt	-	-	1	0.8	-	-	1	0.8	2	1.5
Imperial	5	3.4	4	2.7	8	5.2	8	5.0	12	7.3
Inyo	-	-	-	-	-	-	-	-	1	5.4
Kern	51	7.5	78	11.2	54	7.5	56	7.5	106	13.8
Kings	1	0.8	1	0.7	1	0.7	4	2.8	1	0.7
Lake	-	-	1	1.6	-	-	-	-	-	-
Lassen	1	3.0	3	8.8	-	-	-	-	1	2.8
Los Angeles	1,086	11.1	980	9.9	927	9.2	1,248	12.3	1,446	14.1
— Long Beach <sup>1</sup>	68	14.4	74	15.5	52	10.7	54	11.1	65	13.2
— Pasadena <sup>1</sup>	13	9.5	11	7.9	6	4.2	8	5.5	7	4.8
Madera	13	10.2	9	6.9	3	2.2	2	1.4	6	4.2
Marin	3	1.2	6	2.4	10	4.0	6	2.4	6	2.4
Mariposa	-	-	-	-	-	-	-	-	-	-
Mendocino	-	-	-	-	-	-	1	1.1	-	-
Merced	5	2.3	5	2.2	5	2.2	7	2.9	8	3.3
Modoc	-	-	-	-	-	-	-	-	-	-
Mono	-	-	-	-	-	-	-	-	-	-
Monterey	13	3.2	7	1.7	13	3.1	5	1.2	8	1.9
Napa	3	2.4	3	2.3	4	3.0	2	1.5	4	3.0
Nevada	-	-	-	-	-	-	-	-	-	-
Orange	176	6.0	269	9.1	196	6.5	207	6.8	208	6.8
Placer	3	1.1	3	1.1	-	-	1	0.3	-	-
Plumas	-	-	-	-	-	-	-	-	-	-
Riverside	67	4.1	78	4.6	71	4.0	75	4.1	98	5.1
Sacramento	31	2.4	18	1.4	9	0.7	31	2.3	5	0.4
San Benito	-	-	1	1.8	2	3.5	1	1.7	-	-
San Bernardino	113	6.4	105	5.8	122	6.5	103	5.3	111	5.6
San Diego	102	3.5	96	3.3	141	4.7	129	4.3	133	4.4
San Francisco	114	14.5	116	14.7	132	16.7	159	20.1	97	12.2
San Joaquin	24	4.1	11	1.8	17	2.7	7	1.1	14	2.1
San Luis Obispo	-	-	7	2.8	1	0.4	11	4.2	8	3.0
San Mateo	28	3.9	22	3.1	6	0.8	17	2.4	27	3.7
Santa Barbara	15	3.7	15	3.7	14	3.4	5	1.2	9	2.1
Santa Clara	75	4.4	48	2.8	61	3.5	55	3.2	57	3.2
Santa Cruz	4	1.6	3	1.2	4	1.5	2	0.8	8	3.1
Shasta	1	0.6	-	-	-	-	-	-	-	-
Sierra	-	-	-	-	-	-	-	-	-	-
Siskiyou	-	-	-	-	-	-	-	-	-	-
Solano	2	0.5	5	1.2	3	0.7	9	2.1	8	1.9
Sonoma	3	0.6	-	-	2	0.4	4	0.8	10	2.1
Stanislaus	9	1.9	10	2.1	7	1.4	12	2.4	14	2.7
Sutter	1	1.2	2	2.4	-	-	2	2.3	1	1.1
Tehama	1	1.8	1	1.7	1	1.7	2	3.3	-	-
Trinity	-	-	-	-	-	-	-	-	-	-
Tulare	14	3.7	6	1.6	12	3.0	13	3.2	9	2.2
Tuolumne	-	-	1	1.8	-	-	-	-	-	-
Ventura	44	5.7	51	6.5	25	3.1	38	4.7	41	5.0
Yolo	-	-	3	1.7	-	-	1	0.5	4	2.1
Yuba	-	-	2	3.2	-	-	-	-	-	-

<sup>1</sup> City Health Department numbers are included in their respective county totals.

Note: Rates are per 100,000 population.

Source: California Department of Health Services, STD Control Branch

Table 25. Congenital Syphilis in Infants less than One Year of Age, Cases and Rates, California Counties and Selected City Health Jurisdictions, 2001–2005

COUNTY	2001		2002		2003		2004		2005	
	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate
<b>CALIFORNIA</b>	<b>62</b>	<b>11.8</b>	<b>49</b>	<b>9.3</b>	<b>69</b>	<b>12.8</b>	<b>63</b>	<b>11.6</b>	<b>67</b>	<b>12.2</b>
Alameda	4	18.2	-	-	4	18.5	1	4.8	3	14.3
— Berkeley <sup>1</sup>	-	-	-	-	-	-	-	-	-	-
Alpine	-	-	-	-	-	-	-	-	-	-
Amador	-	-	-	-	-	-	-	-	-	-
Butte	-	-	-	-	-	-	-	-	-	-
Calaveras	-	-	-	-	-	-	-	-	-	-
Colusa	-	-	-	-	-	-	-	-	-	-
Contra Costa	1	7.6	1	7.5	2	15.1	-	-	1	7.4
Del Norte	-	-	-	-	-	-	-	-	-	-
El Dorado	-	-	-	-	-	-	-	-	-	-
Fresno	2	14.0	-	-	3	19.5	2	12.6	2	12.4
Glenn	-	-	-	-	-	-	1	251.3	-	-
Humboldt	-	-	-	-	-	-	-	-	-	-
Imperial	1	38.5	-	-	1	34.4	3	104.9	2	68.3
Inyo	-	-	-	-	-	-	-	-	-	-
Kern	4	34.1	1	8.2	1	7.8	3	22.3	4	29.2
Kings	-	-	-	-	-	-	1	39.2	-	-
Lake	-	-	-	-	-	-	-	-	-	-
Lassen	-	-	-	-	-	-	-	-	-	-
Los Angeles	30	19.5	28	18.5	30	19.7	27	17.8	29	19.2
— Long Beach <sup>1</sup>	2	24.4	1	12.6	-	-	2	25.4	3	38.1
— Pasadena <sup>1</sup>	-	-	-	-	-	-	1	44.0	1	44.0
Madera	-	-	-	-	-	-	-	-	-	-
Marin	2	69.8	-	-	-	-	-	-	-	-
Mariposa	-	-	-	-	-	-	-	-	-	-
Mendocino	-	-	-	-	-	-	-	-	-	-
Merced	-	-	-	-	-	-	-	-	-	-
Modoc	-	-	-	-	-	-	-	-	-	-
Mono	-	-	-	-	-	-	-	-	-	-
Monterey	-	-	-	-	1	13.5	-	-	-	-
Napa	1	63.9	-	-	-	-	-	-	-	-
Nevada	-	-	-	-	-	-	-	-	-	-
Orange	2	4.4	5	11.2	2	4.4	6	13.3	3	6.6
Placer	-	-	-	-	-	-	-	-	-	-
Plumas	-	-	-	-	-	-	-	-	-	-
Riverside	2	7.9	1	3.7	4	14.3	1	3.4	3	9.8
Sacramento	-	-	-	-	-	-	1	4.8	2	9.4
San Benito	-	-	-	-	-	-	-	-	-	-
San Bernardino	-	-	-	-	3	9.7	1	3.1	3	9.2
San Diego	7	16.0	3	6.8	10	22.0	7	15.3	4	8.7
San Francisco	1	12.1	-	-	-	-	1	11.7	-	-
San Joaquin	1	10.2	4	39.4	-	-	-	-	1	8.7
San Luis Obispo	-	-	-	-	-	-	-	-	-	-
San Mateo	-	-	-	-	-	-	-	-	-	-
Santa Barbara	1	17.8	1	17.6	1	17.2	1	16.1	-	-
Santa Clara	2	7.4	3	11.1	6	22.2	5	18.8	3	11.4
Santa Cruz	-	-	-	-	-	-	-	-	-	-
Shasta	-	-	-	-	-	-	-	-	-	-
Sierra	-	-	-	-	-	-	-	-	-	-
Siskiyou	-	-	-	-	-	-	-	-	-	-
Solano	-	-	-	-	-	-	-	-	2	34.4
Sonoma	-	-	-	-	-	-	-	-	-	-
Stanislaus	-	-	1	12.6	1	12.5	-	-	1	12.2
Sutter	-	-	-	-	-	-	1	74.5	-	-
Tehama	-	-	-	-	-	-	-	-	-	-
Trinity	-	-	-	-	-	-	-	-	-	-
Tulare	1	13.7	-	-	-	-	1	12.6	1	12.3
Tuolumne	-	-	-	-	-	-	-	-	-	-
Ventura	-	-	1	8.6	-	-	-	-	1	8.3
Yolo	-	-	-	-	-	-	-	-	2	80.9
Yuba	-	-	-	-	-	-	-	-	-	-

<sup>1</sup> City Health Department numbers are included in their respective county totals.

Note: Rates are per 100,000 live births.

Source: California Department of Health Services, STD Control Branch

**Table 26. Congenital Syphilis in Infants less than One Year of Age, Cases and Rates by Race/Ethnicity of Mother, California, 1996–2005**

RACE/ETHNICITY AND GENDER	NUMBER OF CASES									
	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
<b>California</b>	<b>191</b>	<b>174</b>	<b>117</b>	<b>92</b>	<b>81</b>	<b>62</b>	<b>49</b>	<b>69</b>	<b>63</b>	<b>67</b>
Native American/Alaskan Native	0	1	0	1	0	0	1	0	1	0
Asian/Pacific Islander	17	10	4	3	5	1	1	5	2	8
African American/Black	63	51	39	24	13	10	8	14	10	13
Hispanic/Latina	90	96	63	46	57	45	34	45	43	36
White	12	15	11	15	6	6	4	5	6	8
Other/Not Specified	9	1	0	3	0	0	1	0	1	2

RACE/ETHNICITY AND GENDER	RATE PER 100,000 LIVE BIRTHS									
	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
<b>California</b>	<b>35.5</b>	<b>33.2</b>	<b>22.4</b>	<b>17.8</b>	<b>15.2</b>	<b>11.8</b>	<b>9.3</b>	<b>12.8</b>	<b>11.6</b>	<b>12.2</b>
Native American/Alaskan Native	0.0	38.7	0.0	40.0	0.0	0.0	50.9	0.0	48.2	0.0
Asian/Pacific Islander	29.9	17.7	7.2	5.3	8.2	1.7	1.6	7.8	3.1	12.3
African American/Black	170.1	141.8	110.8	70.3	40.2	32.3	26.8	47.9	34.9	45.0
Hispanic/Latina	35.3	38.6	25.4	18.5	22.1	17.2	12.9	16.7	15.6	13.0
White	6.5	8.4	6.2	8.7	3.6	3.7	2.5	3.1	3.8	5.0

Source: California Department of Health Services, STD Control Branch

Table 27. Pelvic Inflammatory Disease, Cases and Rates, California Counties and Selected City Health Jurisdictions, 2001–2005

COUNTY	2001		2002		2003		2004		2005	
	Cases	Rate								
<b>CALIFORNIA</b>	<b>1,399</b>	<b>8.0</b>	<b>1,464</b>	<b>8.3</b>	<b>1,241</b>	<b>6.9</b>	<b>1,206</b>	<b>6.6</b>	<b>1,324</b>	<b>7.2</b>
Alameda	71	9.4	69	9.1	48	6.3	107	13.8	118	15.0
— Berkeley <sup>1</sup>	2	3.8	3	5.6	-	-	4	7.5	2	3.8
Alpine	-	-	-	-	-	-	-	-	-	-
Amador	-	-	1	6.1	-	-	-	-	-	-
Butte	-	-	-	-	4	3.7	4	3.7	4	3.6
Calaveras	2	9.6	-	-	2	9.1	3	13.4	1	4.4
Colusa	1	10.6	-	-	-	-	-	-	-	-
Contra Costa	160	32.0	189	37.3	77	15.0	27	5.2	27	5.1
Del Norte	-	-	-	-	1	7.8	-	-	1	7.7
El Dorado	3	3.7	1	1.2	4	4.7	2	2.3	-	-
Fresno	14	3.4	48	11.6	50	11.8	85	19.8	57	13.1
Glenn	1	7.6	-	-	1	7.3	1	7.2	-	-
Humboldt	14	21.7	12	18.5	14	21.4	5	7.6	11	16.7
Imperial	7	10.0	5	7.0	-	-	2	2.7	-	-
Inyo	-	-	-	-	-	-	-	-	2	21.1
Kern	102	30.8	127	37.3	124	35.3	123	34.4	152	41.8
Kings	3	5.3	3	5.2	1	1.7	-	-	1	1.6
Lake	-	-	3	9.7	-	-	1	3.1	2	6.1
Lassen	1	7.9	-	-	-	-	1	7.6	1	7.6
Los Angeles	334	6.8	322	6.5	294	5.8	300	5.9	326	6.4
— Long Beach <sup>1</sup>	22	9.2	11	4.5	15	6.1	9	3.6	4	1.6
— Pasadena <sup>1</sup>	2	2.9	-	-	1	1.4	-	-	-	-
Madera	1	1.5	-	-	2	2.9	4	5.6	3	4.2
Marin	22	17.5	8	6.4	21	16.7	15	11.9	23	18.2
Mariposa	2	23.9	2	23.2	1	11.4	-	-	1	11.2
Mendocino	2	4.6	4	9.0	8	17.9	-	-	-	-
Merced	-	-	2	1.8	7	6.1	5	4.2	19	15.5
Modoc	3	63.8	-	-	-	-	-	-	1	20.9
Mono	-	-	-	-	-	-	-	-	-	-
Monterey	5	2.5	6	3.0	6	3.0	14	6.8	23	11.1
Napa	1	1.6	-	-	-	-	-	-	1	1.5
Nevada	2	4.2	6	12.3	5	10.2	2	4.0	6	11.8
Orange	60	4.1	62	4.2	38	2.5	46	3.0	61	4.0
Placer	49	36.7	29	20.8	12	8.2	5	3.3	7	4.5
Plumas	1	9.5	-	-	-	-	-	-	-	-
Riverside	15	1.8	22	2.6	40	4.5	14	1.5	15	1.6
Sacramento	58	9.0	118	17.7	89	13.1	51	7.3	37	5.2
San Benito	2	7.3	1	3.6	-	-	1	3.5	2	6.9
San Bernardino	59	6.7	19	2.1	36	3.8	50	5.3	91	9.4
San Diego	61	4.2	80	5.5	71	4.8	41	2.7	44	2.9
San Francisco	40	10.4	37	9.6	64	16.6	58	14.9	34	8.7
San Joaquin	21	7.1	47	15.5	44	14.1	22	6.9	18	5.5
San Luis Obispo	-	-	-	-	-	-	2	1.6	-	-
San Mateo	18	5.0	20	5.6	6	1.7	15	4.2	29	8.0
Santa Barbara	2	1.0	4	2.0	5	2.4	3	1.4	7	3.4
Santa Clara	29	3.4	25	3.0	22	2.6	21	2.5	26	3.0
Santa Cruz	48	37.2	41	31.6	22	17.0	34	26.1	35	26.7
Shasta	1	1.2	4	4.6	1	1.1	-	-	-	-
Sierra	-	-	-	-	-	-	-	-	-	-
Siskiyou	5	22.1	3	13.2	2	8.7	2	8.7	2	8.6
Solano	5	2.5	7	3.4	3	1.5	8	3.8	6	2.9
Sonoma	6	2.5	10	4.2	9	3.8	16	6.6	14	5.7
Stanislaus	84	35.7	35	14.5	23	9.3	29	11.5	35	13.6
Sutter	6	14.7	8	19.2	10	23.4	13	29.8	4	9.0
Tehama	12	42.0	7	24.0	-	-	2	6.7	1	3.3
Trinity	-	-	-	-	-	-	-	-	-	-
Tulare	54	28.8	56	29.3	51	26.0	44	22.0	63	30.9
Tuolumne	-	-	-	-	1	3.7	2	7.3	-	-
Ventura	3	0.8	7	1.8	14	3.5	13	3.2	2	0.5
Yolo	5	5.6	2	2.2	-	-	4	4.1	8	8.0
Yuba	4	13.1	12	38.4	8	25.1	9	27.6	3	9.0

<sup>1</sup> City Health Department numbers are included in their respective county totals.

Note: Rates are per 100,000 females.

Source: California Department of Health Services, STD Control Branch

Table 28. Non-Gonococcal Urethritis, Cases and Rates, California Counties and Selected City Health Jurisdictions, 2001–2005

COUNTY	2001		2002		2003		2004		2005	
	Cases	Rate								
<b>CALIFORNIA</b>	<b>4,397</b>	<b>25.4</b>	<b>4,248</b>	<b>24.1</b>	<b>3,872</b>	<b>21.6</b>	<b>3,862</b>	<b>21.3</b>	<b>3,259</b>	<b>17.7</b>
Alameda	354	48.9	270	37.0	306	41.7	265	35.6	293	38.9
— Berkeley <sup>1</sup>	41	80.0	35	68.1	25	48.8	11	21.5	16	31.2
Alpine	-	-	-	-	-	-	-	-	-	-
Amador	-	-	-	-	-	-	-	-	-	-
Butte	-	-	-	-	-	-	-	-	-	-
Calaveras	-	-	-	-	-	-	-	-	-	-
Colusa	-	-	-	-	-	-	-	-	-	-
Contra Costa	30	6.3	31	6.4	42	8.6	20	4.0	26	5.1
Del Norte	-	-	-	-	-	-	-	-	-	-
El Dorado	-	-	-	-	1	1.2	1	1.2	-	-
Fresno	1	0.2	5	1.2	2	0.5	-	-	-	-
Glenn	-	-	-	-	-	-	-	-	-	-
Humboldt	1	1.6	1	1.6	-	-	3	4.6	-	-
Imperial	-	-	-	-	-	-	-	-	-	-
Inyo	-	-	-	-	-	-	-	-	-	-
Kern	186	53.4	83	23.2	62	16.9	43	11.5	49	12.8
Kings	33	43.5	19	24.6	23	29.0	14	17.4	4	4.9
Lake	-	-	2	6.6	-	-	-	-	-	-
Lassen	-	-	-	-	-	-	-	-	-	-
Los Angeles	1,537	31.9	1,535	31.3	1,500	30.1	1,610	32.1	1,176	23.3
— Long Beach <sup>1</sup>	98	42.3	131	55.9	96	40.4	130	54.2	68	28.2
— Pasadena <sup>1</sup>	10	15.0	10	14.6	9	12.9	7	9.9	7	9.8
Madera	-	-	-	-	-	-	-	-	-	-
Marin	114	92.0	103	82.9	102	82.0	99	79.4	97	77.6
Mariposa	-	-	-	-	-	-	-	-	-	-
Mendocino	2	4.6	2	4.5	-	-	-	-	-	-
Merced	-	-	-	-	-	-	2	1.7	-	-
Modoc	-	-	-	-	-	-	-	-	-	-
Mono	-	-	-	-	-	-	-	-	-	-
Monterey	-	-	-	-	-	-	-	-	1	0.5
Napa	5	7.9	4	6.2	5	7.6	7	10.5	2	3.0
Nevada	1	2.1	-	-	2	4.2	2	4.1	-	-
Orange	656	45.3	793	53.8	554	37.1	468	30.9	444	29.0
Placer	3	2.3	4	3.0	-	-	2	1.4	-	-
Plumas	-	-	-	-	-	-	-	-	-	-
Riverside	4	0.5	12	1.4	13	1.5	23	2.5	11	1.2
Sacramento	6	1.0	5	0.8	1	0.2	3	0.4	3	0.4
San Benito	-	-	-	-	-	-	1	3.4	-	-
San Bernardino	124	14.1	114	12.6	156	16.7	219	23.0	75	7.7
San Diego	152	10.5	63	4.3	42	2.8	17	1.1	14	0.9
San Francisco	1,031	257.2	1,062	264.6	987	246.3	948	235.2	921	227.3
San Joaquin	6	2.0	5	1.6	2	0.6	3	0.9	2	0.6
San Luis Obispo	-	-	-	-	-	-	-	-	-	-
San Mateo	83	23.5	49	13.9	23	6.5	47	13.2	88	24.5
Santa Barbara	-	-	-	-	1	0.5	-	-	-	-
Santa Clara	7	0.8	15	1.7	10	1.1	18	2.0	10	1.1
Santa Cruz	3	2.3	3	2.3	3	2.3	8	6.1	8	6.1
Shasta	-	-	2	2.4	-	-	-	-	-	-
Sierra	-	-	-	-	-	-	-	-	-	-
Siskiyou	-	-	-	-	-	-	-	-	1	4.5
Solano	13	6.3	13	6.2	3	1.4	14	6.6	4	1.8
Sonoma	15	6.5	16	6.9	10	4.3	12	5.1	16	6.6
Stanislaus	-	-	-	-	-	-	-	-	-	-
Sutter	-	-	-	-	-	-	-	-	-	-
Tehama	1	3.6	2	7.0	-	-	-	-	-	-
Trinity	-	-	-	-	-	-	-	-	-	-
Tulare	-	-	3	1.6	-	-	-	-	3	1.5
Tuolumne	-	-	-	-	-	-	-	-	-	-
Ventura	27	7.0	22	5.6	14	3.5	10	2.5	9	2.2
Yolo	2	2.3	10	11.4	8	8.9	3	3.3	2	2.1
Yuba	-	-	-	-	-	-	-	-	-	-

<sup>1</sup> City Health Department numbers are included in their respective county totals.

Note: Rates are per 100,000 males.

Source: California Department of Health Services, STD Control Branch

Table 29. Chancroid, Cases for California Counties and Selected City Health Jurisdictions, 2001–2005

COUNTY	Cases				
	2001	2002	2003	2004	2005
<b>CALIFORNIA</b>	<b>2</b>	<b>2</b>	<b>0</b>	<b>1</b>	<b>1</b>
Alameda	1	-	-	-	-
— Berkeley <sup>1</sup>	-	-	-	-	-
Alpine	-	-	-	-	-
Amador	-	-	-	-	-
Butte	-	-	-	-	-
Calaveras	-	-	-	-	-
Colusa	-	-	-	-	-
Contra Costa	-	-	-	-	-
Del Norte	-	-	-	-	-
El Dorado	-	-	-	-	-
Fresno	-	-	-	-	-
Glenn	-	-	-	-	-
Humboldt	-	-	-	-	-
Imperial	-	-	-	-	-
Inyo	-	-	-	-	-
Kern	-	-	-	-	-
Kings	-	-	-	-	-
Lake	-	-	-	-	-
Lassen	-	-	-	-	-
Los Angeles	-	-	-	-	-
— Long Beach <sup>1</sup>	-	-	-	-	-
— Pasadena <sup>1</sup>	-	-	-	-	-
Madera	-	-	-	-	-
Marin	-	-	-	-	-
Mariposa	-	-	-	-	-
Mendocino	-	-	-	-	-
Merced	-	-	-	-	-
Modoc	-	-	-	-	-
Mono	-	-	-	-	-
Monterey	-	-	-	-	-
Napa	-	-	-	-	-
Nevada	-	-	-	-	-
Orange	-	-	-	-	-
Placer	-	-	-	-	-
Plumas	-	-	-	-	-
Riverside	-	-	-	-	-
Sacramento	-	-	-	-	-
San Benito	-	-	-	-	-
San Bernardino	-	-	-	-	-
San Diego	-	-	-	1	-
San Francisco	1	-	-	-	-
San Joaquin	-	-	-	-	-
San Luis Obispo	-	-	-	-	1
San Mateo	-	-	-	-	-
Santa Barbara	-	-	-	-	-
Santa Clara	-	-	-	-	-
Santa Cruz	-	-	-	-	-
Shasta	-	-	-	-	-
Sierra	-	-	-	-	-
Siskiyou	-	-	-	-	-
Solano	-	-	-	-	-
Sonoma	-	-	-	-	-
Stanislaus	-	-	-	-	-
Sutter	-	-	-	-	-
Tehama	-	-	-	-	-
Trinity	-	-	-	-	-
Tulare	-	2	-	-	-
Tuolumne	-	-	-	-	-
Ventura	-	-	-	-	-
Yolo	-	-	-	-	-
Yuba	-	-	-	-	-

<sup>1</sup> City Health Department numbers are included in their respective county totals.

Source: California Department of Health Services, STD Control Branch



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**Title 17, California Code of Regulations (CCR), §2500, §2593, §2641–2643, and §2800–2812  
Reportable Diseases and Conditions\***

**§2500. REPORTING TO THE LOCAL HEALTH AUTHORITY.**

- **§2500(b)** It shall be the duty of every health care provider, knowing of or in attendance on a case or suspected case of any of the diseases or conditions listed below, to report to the local health officer for the jurisdiction where the patient resides. Where no health care provider is in attendance, any individual having knowledge of a person who is suspected to be suffering from one of the diseases or conditions listed below may make such a report to the local health officer for the jurisdiction where the patient resides.
- **§2500(c)** The administrator of each health facility, clinic or other setting where more than one health care provider may know of a case, a suspected case or an outbreak of disease within the facility shall establish and be responsible for administrative procedures to assure that reports are made to the local health officer.
- **§2500(a)(14)** "Health care provider" means a physician and surgeon, a veterinarian, a podiatrist, a nurse practitioner, a physician assistant, a registered nurse, a nurse midwife, a school nurse, an infection control practitioner, a medical examiner, a coroner, or a dentist.

**URGENCY REPORTING REQUIREMENTS [17 CCR §2500 (h) (i)]**

- ☎ = Report **immediately** by **telephone** (designated by a ♦ in regulations).
- † = Report **immediately** by **telephone** when **two or more cases** or suspected cases of foodborne disease from separate households are suspected to have the same source of illness (designated by a ● in regulations).
- FAX ☎ ☒ = Report by **FAX, telephone, or mail within one working day of identification** (designated by a + in regulations).
- = All other diseases/conditions should be reported by FAX, telephone, or mail within seven calendar days of identification.

**REPORTABLE COMMUNICABLE DISEASES §2500(j)(1), §2641–2643**

	Acquired Immune Deficiency Syndrome (AIDS) (HIV infection only: see "Human Immunodeficiency Virus")	☎ Paralytic Shellfish Poisoning
FAX ☎ ☒	Amebiasis	☎ Pelvic Inflammatory Disease (PID)
FAX ☎ ☒	Anisakiasis	FAX ☎ ☒ Pertussis (Whooping Cough)
	Anthrax	☎ Plague, Human or Animal
FAX ☎ ☒	Babesiosis	FAX ☎ ☒ Poliomyelitis, Paralytic
☎	Botulism (Infant, Foodborne, Wound)	FAX ☎ ☒ Psittacosis
☎	Brucellosis	FAX ☎ ☒ Q Fever
FAX ☎ ☒	Campylobacteriosis	☎ Rabies, Human or Animal
	Chancroid	FAX ☎ ☒ Relapsing Fever
	Chlamydial Infections	Reye Syndrome
☎	Cholera	Rheumatic Fever, Acute
☎	Ciguatera Fish Poisoning	Rocky Mountain Spotted Fever
	Coccidioidomycosis	Rubella (German Measles)
FAX ☎ ☒	Colorado Tick Fever	Rubella Syndrome, Congenital
FAX ☎ ☒	Conjunctivitis, Acute Infectious of the Newborn, Specify Etiology	FAX ☎ ☒ Salmonellosis (Other than Typhoid Fever)
FAX ☎ ☒	Cryptosporidiosis	☎ Scombroid Fish Poisoning
	Cysticercosis	☎ Severe Acute Respiratory Syndrome (SARS)
☎	Dengue	FAX ☎ ☒ Shigellosis
☎	Diarrhea of the Newborn, Outbreaks	☎ Smallpox (Variola)
☎	Diphtheria	FAX ☎ ☒ Streptococcal Infections (Outbreaks of Any Type and Individual Cases in Food Handlers and Dairy Workers Only)
☎	Domoic Acid Poisoning (Amnesic Shellfish Poisoning)	FAX ☎ ☒ Swimmer's Itch (Schistosomal Dermatitis)
	Echinococcosis (Hydatid Disease)	FAX ☎ ☒ Syphilis
	Ehrlichiosis	Tetanus
FAX ☎ ☒	Encephalitis, Specify Etiology: Viral, Bacterial, Fungal, Parasitic	Toxic Shock Syndrome
☎	<i>Escherichia coli</i> O157:H7 Infection	Toxoplasmosis
† FAX ☎ ☒	Foodborne Disease	FAX ☎ ☒ Trichinosis
	Giardiasis	FAX ☎ ☒ Tuberculosis
	Gonococcal Infections	☎ Tularemia
FAX ☎ ☒	<i>Haemophilus influenzae</i> Invasive Disease	FAX ☎ ☒ Typhoid Fever, Cases and Carriers
☎	Hantavirus Infections	Typhus Fever
☎	Hemolytic Uremic Syndrome	☎ Varicella (deaths only)
	Hepatitis, Viral	FAX ☎ ☒ <i>Vibrio</i> Infections
FAX ☎ ☒	Hepatitis A	☎ Viral Hemorrhagic Fevers (e.g., Crimean-Congo, Ebola, Lassa and Marburg viruses)
	Hepatitis B (specify acute case or chronic)	FAX ☎ ☒ Water-associated Disease
	Hepatitis C (specify acute case or chronic)	FAX ☎ ☒ West Nile Virus (WNV) Infection
	Hepatitis D (Delta)	☎ Yellow Fever
	Hepatitis, other, acute	FAX ☎ ☒ Yersiniosis
	Human Immunodeficiency Virus (HIV) (§2641–2643): reporting is NON-NAME (see <a href="http://www.dhs.ca.gov/aids">www.dhs.ca.gov/aids</a> )	☎ <b>OCCURRENCE of ANY UNUSUAL DISEASE</b>
	Kawasaki Syndrome (Mucocutaneous Lymph Node Syndrome)	☎ <b>OUTBREAKS of ANY DISEASE</b> (Including diseases not listed in §2500). Specify if institutional and/or open community.
	Legionellosis	
	Leprosy (Hansen Disease)	
	Leptospirosis	
FAX ☎ ☒	Listeriosis	
	Lyme Disease	
FAX ☎ ☒	Lymphocytic Choriomeningitis	
FAX ☎ ☒	Malaria	
FAX ☎ ☒	Measles (Rubeola)	
FAX ☎ ☒	Meningitis, Specify Etiology: Viral, Bacterial, Fungal, Parasitic	
☎	Meningococcal Infections	
	Mumps	
	Non-Gonococcal Urethritis (Excluding Laboratory Confirmed Chlamydial Infections)	

**REPORTABLE NONCOMMUNICABLE DISEASES AND  
CONDITIONS §2800–2812 and §2593(b)**

Disorders Characterized by Lapses of Consciousness  
Cancer (except (1) basal and squamous skin cancer unless occurring on  
genitalia, and (2) carcinoma in-situ and CIN III of the cervix)  
Pesticide-related illness or injury (known or suspected cases)\*\*

**LOCALLY REPORTABLE DISEASES (If Applicable):**

\* This form is designed for health care providers to report those diseases mandated by Title 17, California Code of Regulations (CCR). Failure to report is a misdemeanor (Health and Safety Code §120295) and is a citable offense under the Medical Board of California's Citation and Fine Program (Title 16, CCR, §1364.10 and 1364.11).

\*\* Failure to report is a citable offense and subject to civil penalty (\$250) (Health and Safety Code §105200).



